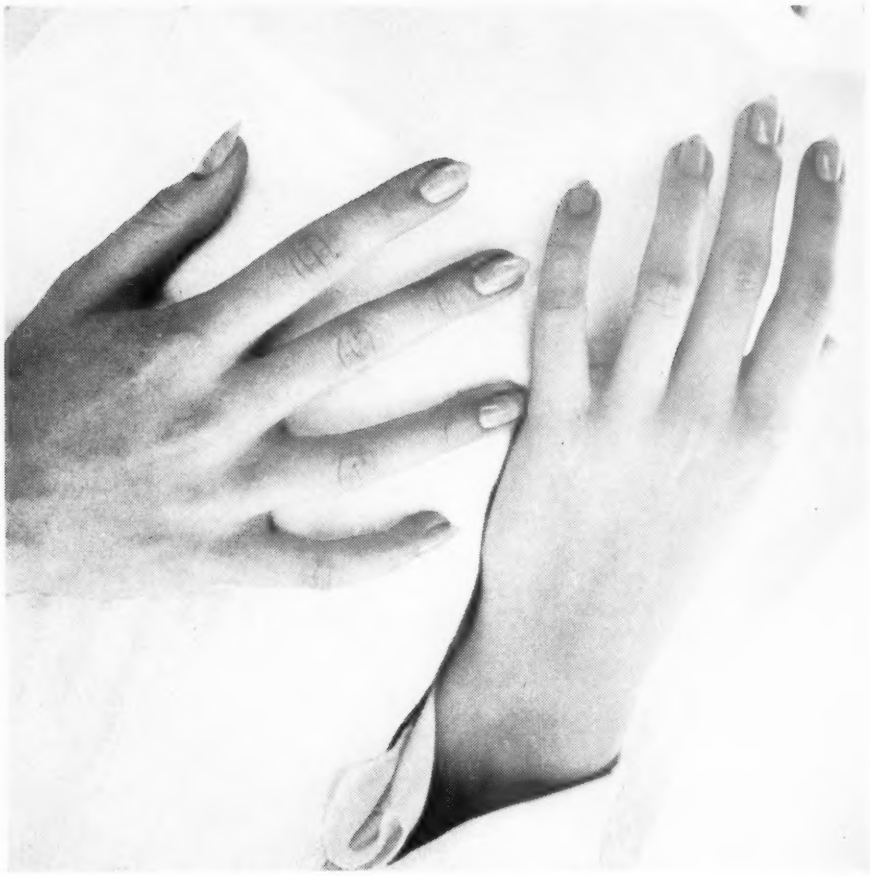
RN

JANUARY 1961

'I'm
taking
a new look
at OB nursing!'



Gentle protection

Your hands need the extra richness of Pacquins Hand Cream . . . made especially for you!

For extra-dry skin, Pacquins Hand Cream gives you extra richness . . . lanolin-richness. Pacquins gives more hands more protection than any other hand cream in the world. Pacquins soothes and smooths . . . never greasy or sticky; vanishes quickly. Pacquins was originally formulated for professional use only.

On sale at all drug counters in U. S. and Canada

RN contents

VOLUME 24 • NO. 1 • JANUARY 1961

MORE ▶

 Published monthly at Oradell, N.J. Price 25 cents a copy; $2 a year; two years, $3 (Canada and foreign, $3 a year). Circulation 160,000 registered nurses. Application to mail at second-class postage rates is pending at Concord, N.H. Please send changes of address to P.O. Box 279, Rutherford, N.J. Send subscription orders and all editorial and business correspondence to *RN*, Oradell, N.J. For change of address, use form on page 97.

High-concentration topical salicylate-menthol therapy (BEN-GAY) offers safe, penetrating relief of painful joints and muscles resulting from overexertion.

New, objective evidence:

A double-blind study[1] has reaffirmed the exceptional efficacy and safety of conservative, local treatment of chronic rheumatic disorders with BEN-GAY® (BAUME BENGUÉ), a high-concentration salicylate-menthol compound.

The local and systemic effects of BEN-GAY were evaluated by entirely objective methods in 211 subjects of both sexes suffering from various types of chronic arthritis, bursitis, neuralgia, myalgia and lumbago. Changes in range of joint motion were determined by goniometer and by flexion. Topical application of BEN-GAY measurably improved articular function in 94% when physical therapy was also used, and in 61% without adjunctive treatment. Efficient absorption of salicylate through the skin was indicated by an average urinary excretion of 15 mg. in 24 hours. No ill effects were reported or observed.

Benefits of Topical Salicylate

in chronic rheumatic disease

Menthol-induced hyperemia plus high local concentration of salicylate has been recently rediscovered as one of the safest and most promptly effective remedies for rheumatoid discomfort due to exposure.

This controlled study offers new evidence of the efficacy and safety of local treatment of chronic rheumatic disease with BEN-GAY, one of the safest and most reliable formulae at the physician's disposal. BEN-GAY is available in two strengths, *Regular and Children's*. THOS. LEEMING & CO., INC., 155 East 44th St., New York 17, N.Y.

[1]Brusch, C.A., et al.: Md. State Med. J.; 5:36, 1956.

***More efficient salicylate penetration* of treated area and quicker relief of pain is now made possible by the water-washable GREASELESS-STAINLESS BEN-GAY.**

contents

DEPARTMENTS and SHORT FEATURES

Oatmeal makes the patient feel "at home"

Naturally nutritious oatmeal is high in protein... high in thiamine

Quaker Oats and Mother's Oats are the same fine product.

Oatmeal is an ideal food for hospitalized patients, providing more protein than any other whole-grain cereal. Oatmeal with milk contributes substantially to the dietary allowances recommended for thiamine, riboflavin, niacin and iron. Rich in phosphorus, low in sodium, it is unsurpassed in dietary usefulness.

Oatmeal is easy to prepare... and economical to serve. It's high in nourishment... low in calories, even with milk.

One ounce of Quaker Oats provides the following percentages of adult M.D.R.: thiamine (vitamin B_1) 16.5%, phosphorus 16.5%, and iron 11.0%. Each ounce also provides 110 calories, and 16.7% protein, 6.9% fat, 62.4% carbohydrates, and 1.5% non-nutritive crude fiber.

For additional information write: Medical Service Dept.

The Quaker Oats Company

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RN

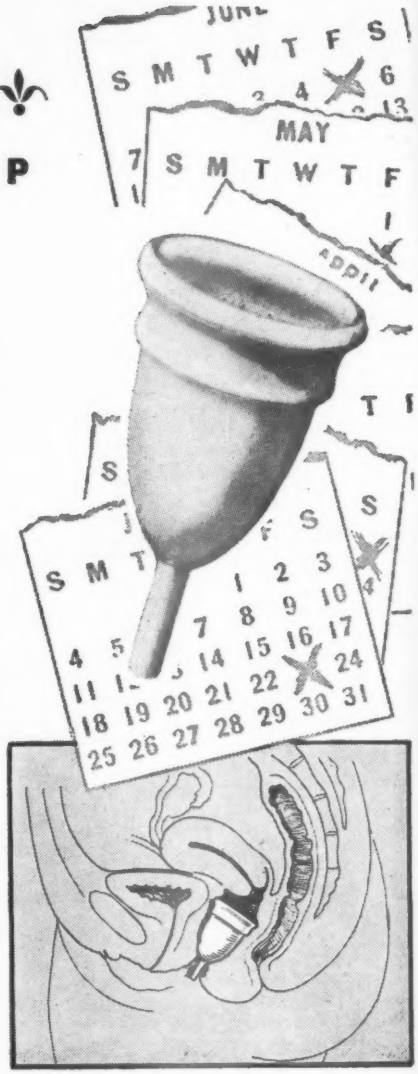
Tassette

MENSTRUAL CUP

No Sanitary Napkins

No Tampons

No Embarrassment



A clinical investigation* has established the safety and value of the TASSETTE Menstrual Cup for internal menstrual protection in place of sanitary napkins and tampons. This is a boon to active nurses during the trying days of their monthly periods.

The TASSETTE is a 1 ounce, baby-soft, pliable rubber menstrual cup, worn internally as shown in the anatomical drawing. It yields to body movements and is actually unfelt by the wearer. Easily folded and inserted, the cup is simply emptied morning and night.

The TASSETTE is secure, safe and comfortable. It sets *below* the cervix and acts as a catch basin, without any possibility of blocking the normal flow.

Many gynecologists and other doctors recommend the TASSETTE. To registered nurses we make this special offer: Send $3.50 (cash, check or money order) for 1 TASSETTE with complete directions, postage prepaid. Regular price to the public is $4.95. The TASSETTE will serve your needs for two years. If you are dissatisfied for any reason, simply notify us and your money will be refunded, no questions asked.

*Liswood, R., Internal menstrual protection, use of a safe and sanitary menstrual cup, *Obst. & Gynec.*, May, 1959.

TASSETTE, INC., 170 Atlantic Square, Stamford, Conn. R.N.-11

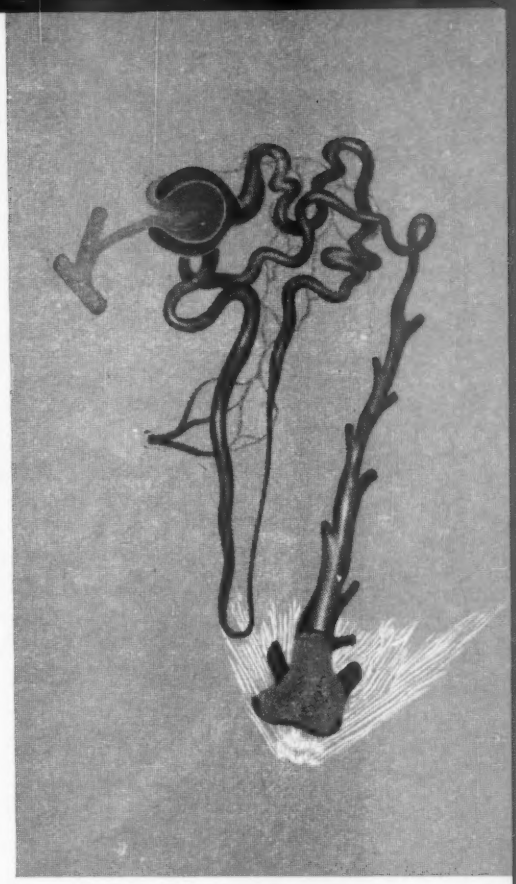
Kindly send me TASSETTE on positive money back guarantee.

Enclosed find $3.50 ☐ cash ☐ check ☐ money order.

Name..... *R.N.*

Address..... *City*..... *Zone*..... *State*.....

on the pathogenesis of pyelonephritis:



"An inflammatory reaction here [renal papillae] may produce sudden rapid impairment of renal function. One duct of Bellini probably drains more than 5000 nephrons. It is easy to see why a small abscess or edema in this area may occlude a portion of the papilla or the collecting ducts and may produce a functional impairment far in excess of that encountered in much larger lesions in the cortex."[1]

The "exquisite sensitivity"[2] of the medulla to infection (as compared with the cortex), highlights the importance of obstruction to the urine flow in the pathogenesis of pyelonephritis. "There is good cause to support the belief that many, perhaps most, cases of human pyelonephritis are the result of infection which reaches the kidney from the lower urinary tract."[3]

to eradicate the pathogens no matter the pathway

FURADANTIN®

brand of nitrofurantoin

High urinary concentration • Glomerular filtration plus tubular excretion • Rapid antibacterial action • Broad bactericidal spectrum • Free from resistance problems • Well tolerated—even after prolonged use • No cross resistance or cross sensitization with other drugs

Average Furadantin Adult Dosage: 100 mg. tablet q.i.d. with meals and with food or milk on retiring. *Supplied:* Tablets, 50 and 100 mg.; Oral Suspension, 25 mg. per 5 cc. tsp.

References: 1. Schreiner, G. E.: A.M.A. Arch. Int. M. **102**:32, 1958. 2. Freedman, L. R., and Beeson P. B.: Yale J. Biol. & Med. **30**:406, 1958. 3. Rocha, H., et al.: Yale J. Biol. & Med. **30**:341, 1958.

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DIVISION OF THE NORWICH PHARMACAL COMPANY, NORWICH, N. Y.

because their physician has kept the twins well nourished, healthy, and

free from diaper rash

with

DESITIN®
OINTMENT

Protects against irritation of urine and excrement; markedly inhibits ammonia-producing bacteria; soothes, lubricates, stimulates healing.

For samples of Desitin Ointment, pioneer external cod liver oil therapy, write...

DESITIN CHEMICAL COMPANY
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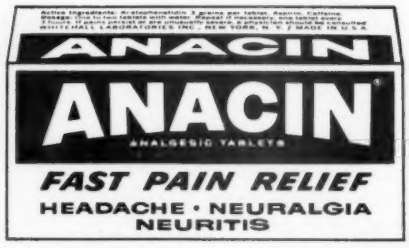
More Efficient than Aspirin to Reduce Fever

Laboratory investigation has substantiated that one of the components in Anacin® (acetophenetidin) is superior to aspirin in febrifugal activity by a ratio of 5 to 3. Hence, aspirin has only 60% of the fever reducing action of acetophenetidin[1]. Medical literature has further verified that *a smoother* and *more* efficacious analgesic action may be obtained by prescribing a *combination* of analgesics[2]. Anacin is such a formulation. Why not consider Anacin *your choice* of an analgesic-antipyretic? Excellent tolerance.



References: 1. Brownl George: A Comparison of the Antipyretic Activity and Toxicity of Phenacetin and Aspirin, Quarterly J. of Pharmacy and Pharmacology, 10:609-620. 2. Goodman, Louis S. and Gilman, Alfred: The Pharmacological Basis of Therapeutics, sec. ed. 1955.

WHITEHALL LABORATORIES, NEW YORK, N.Y.

RN letters

VISITORS REVISITED

DEAR EDITOR: At one time the device to protect patients called "Visiting Hours" was more or less respected in small-town hospitals. It isn't now.

In many instances, contending with the influx of visitors at all hours is the nurses' greatest problem. And we nurses, who see the serious effect on patients, are often helpless in grappling with it.

The situation is especially trying in communities where hospital bonds have been issued. Those who own a few bonds seem to feel they "own the joint" and can come and go and do as they please while on the premises.

Another problem: Most people in a small town know the location of all hospital entrances. If the usual entrances are denied to them outside of visiting hours, they may get someone to open a fire-escape door. Or they may use another door they know is unguarded.

Many times a patient asks us to "keep Mrs. So-and-so out." But when we try, the visitor says: "Sally is my best friend. She begged me to come." And in she marches.

True, some interlopers are cooperative—up to a point. To illustrate:

I stepped in to check on a patient who'd been given pre-op sedation. Three women were keeping him awake with their lively chatter. I explained that he'd been given a drug to put him to sleep. I asked them to wait outside. They came with me and I thanked them. Fifteen minutes later they were back at the bedside with three other visitors.

Sometimes we are openly defied. Student nurses often ask earnestly how they can get rid of visitors who insist on staying in the room while they bathe a patient!

When ambulance cases are brought in, hangers-on come with them. Highway crashes, fires, and the like also bring Coxey's Army, anxious (they say) to help us. They overrun waiting rooms, block hallways, hang around nurses' stations, otherwise get underfoot.

Among them are the morbidly curious—those ever-present nuisances to whom a "No Visitors" sign on a door means: "Something's going on in there. Let's have a look."

In short, the visitor problem is

a frustrating one—and it seems to be getting progressively worse. What's to be done about it?

Rubie S. Burgess, R.N.
El Dorado, Ark.

RN *invites suggestions from readers who may also be facing this problem.*

BREAST-CANCER SIGNS

DEAR EDITOR: A recent experience convinces me that a nurse should never hesitate to take the preventive steps herself that she recommends to others.

While teaching practical nurses, I showed a movie on self-examination for breast-cancer signs. Afterward, I stressed the importance of making this examination and of seeking medical attention if suspicious signs were present.

When I followed my own advice, I found a tiny lump in my right breast. "Maybe it will go away," I thought. But after my next menstrual period, it was still there—and it seemed harder. So, I told my obstetrician.

Yes, the lump was malignant. Now, after a radical mastectomy, I'm ready to resume teaching . . .

I'm thankful I was able to recognize the warning signs and to seek help in time. I'm glad I can

HELENA RUBINSTEIN,® INC.

NORTHERN BLVD., GREENVALE, L. I., NEW YORK

CLINICAL RESEARCH DIVISION

NEW CLINICAL EVIDENCE THAT THE TOPICAL HORMONE APPROACH TO THE AGING SKIN PROBLEM IS A SAFE APPROACH:

IN A RECENT STUDY[1]

...a hormone cream* containing 10,000 I.U. estrogen and 5 mg. progesterone per ounce was again clinically tested on a group of 100 menopausal patients.

THE CREAM WAS USED CONTINUALLY EACH NIGHT

...for almost two years in twice the dosage recommended. "Before" and "after" examinations revealed no signs of adverse systemic reaction, untoward vaginal or cervical changes, abnormal cytology, or endometrial bleeding.

THE INVESTIGATOR CONCLUDED

"...there is no danger of using the...cream if it is used daily and as directed by the manufacturer...."[1]

CONCURRENCE WITH CLINICAL CONSENSUS

Thus, once again, "It is the consensus of opinion among experienced observers that cosmetic hormone creams with a maximum potency of 10,000 I.U. per ounce... if used in the manner recommended by the informed manufacturer are free from systemic effects."[2]

"Most estrogen creams currently available do not contain more than 10,000 I.U. of estrogen per ounce. When...used according to directions, they appear to be free of any abnormal systemic effects."[3]

References: (1) Karnaky, K. J.: Tri-State M. J. 8:6 (March) 1960. (2) Peck, S. M., and Klarmann, E. G.: Practitioner 173:159, 1954. (3) Blank, I. H.: J.A.M.A. 164:412 (May 25) 1957.

*ULTRA FEMININE® Face Cream

Write to Clinical Research Division, Helena Rubinstein, Inc., at the above address, for an informative brochure, "Effect of Topical Hormones on the Skin."

17360

continue to learn and to share my understanding with others.

Albertina Barton, R.N.
Springfield, Mo.

Rx FOR ZEAL

DEAR EDITOR: I think it's vital for each of us to know how to "sell" nursing to a career-minded girl when the opportunity comes along. Besides aiding recruitment, this can result in a rebirth of zeal among R.N.s.

June Murphy, R.N.
Tyler, Tex.

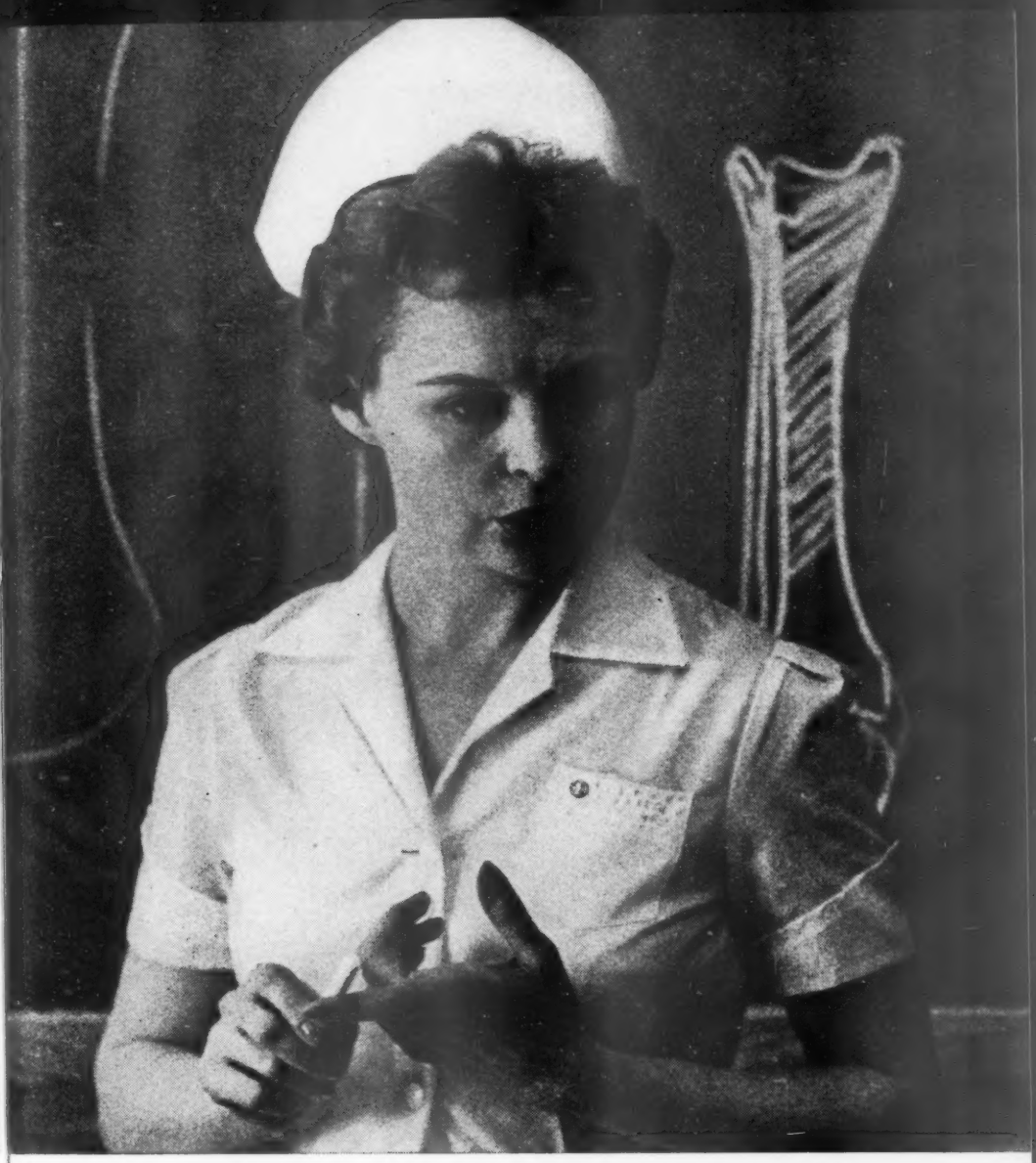
HELPFUL OB TALK

DEAR EDITOR: By our careful choice of words when talking to the labor patient, we can greatly reduce her anxiety.

For instance, if we use the term "contraction" instead of "labor pain," the patient may be less fearful. (Technically there is a difference between these terms; practically, they are synonymous.)

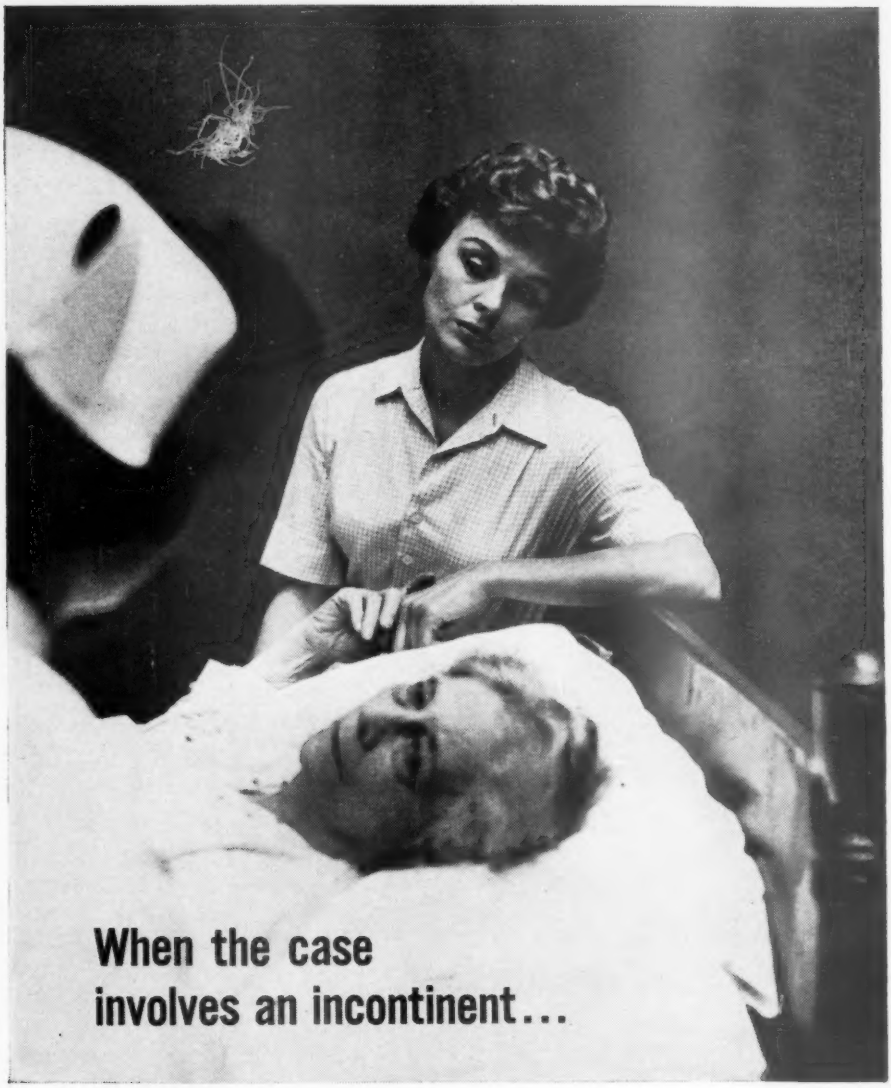
To the expectant mother, the word "contraction" connotes tightening or cramping, while "labor pain" suggests a distressing, hurtful experience. Thus these words influence the patient psychologically and emotionally as well as physically.

Sister Mary George, O.S.F., R.N.
Aurora, Ill.



the nursing Educator—Behind every good nurse, a good teacher . . .
Preparing, guiding, inspiring her students . . .
Accepting her responsibility in shaping the future of her profession . . .
Working unceasingly toward its ultimate goal . . .
That all the sick, everywhere, shall have skillful,
compassionate nursing care.

A tribute to the nursing profession by the markers of Modess® Tampons . . . the flexible tampon



suggest to the family that these home nursing aids are available in drug departments everywhere.

Chux® Disposable Underpads
Controls fluid and fecal discharges while keeping bed linen clean and dry. Medicated to help prevent skin irritation. Available (13" x 17½" and 17½" x 24")

Chix® Adult Gauze Diapers
With extra absorbent center panel offering complete protection for both bedridden and ambulatory incontinents. Fits any waist size up to 44".

Chix® Cleaners
Soft, disposable, fabric tissue. Used wet or dry as an ointment applicator or rectal wipe.

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THE PARENTERALS PAGE NUMBER 6

Tips for setting proper infusion rate

How much solution or blood does your patient need? Over what period of minutes or hours? Be sure you have the physician's instructions on both factors, before you begin.

Next see that you have only the designated solutions and equipment, and the right sizes. Don't rely on color for identification. *Read* the labels. Keep in mind that ml. and cc. are identical volumes. Now calculate your required flow rate.

Flow calculations are based on the following facts. Milliliters of fluid wanted, divided by minutes of infusion wanted, equals milliliters per minute. And ml. per min., multiplied by drops per ml. (for the administration set you are using), equals the number of drops per minute to give.

To simplify your arithmetic, Abbott now provides a handy Flow Rate Calculator. It is specially calibrated for Abbott infusion sets. Its wheel quickly shows the desired drops per minute rate for each type of Abbott set.

As the infusion procedes, be sure to recheck your drop rate frequently. Changing height of stand or bed during infusion may alter the established rate. So may changes in location of infusion site, change in needle position, change in tone of vein, or a temporary halting of infusion.

One final tip: while our supplies last, you may obtain a complimentary calculator by writing us.

PROFESSIONAL SERVICES DEPARTMENT
ABBOTT LABORATORIES, NORTH CHICAGO, ILL.

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SIN-RN03

no time for headaches...

For sinus or frontal headache, Sinutab is a preferred medication with physicians and nurses, for themselves and for their patients. Specifically formulated to relieve headache, Sinutab safely and promptly aborts the pain, decongests to relieve the pressure and promotes comfort and relaxation by mild tranquilizing action.

DOSAGE: *Adults*—two tablets at the first sign of headache, followed by one tablet every four hours. Do not exceed six tablets in 24 hours unless under a physician's orders. *Children* (6 to 12 years)—one-half the adult dosage. Sinutab, in bottles of 30, is available without prescription.

Each tablet contains: N-acetyl-para-aminophenol, 150 mg.; acetophenetidin, 150 mg.; phenylpropanolamine HCl, 25 mg.; phenyltoloxamine dihydrogen citrate, 22 mg.

Sinutab®

promptly resolves sinus or frontal headache

WARNER CHILCOTT

MORRIS PLAINS, N.J.

RN news

M.D.s test new drug to halt premature labor

Promising results from the experimental use of isoxsuprine to arrest premature labor were recently reported by Drs. Edward M. Bishop and Theodore B. Woutersz of Philadelphia.

In 80 per cent of 120 test cases, I.V. injections of the drug, a smooth-muscle relaxant, arrested uterine contractions; and in 46 per cent, the treatment prevented premature birth, the M.D.s report.

They add: About 10 per cent of all pregnancies terminate in a premature delivery; and most neonatal deaths are associated with prematurity.

Doctors cite ways to make skiing safer

What skiing injuries are most common and what can you do to reduce the danger of injury to yourself or to other skiers?

Last season, says Dr. L. Allan Erskine of Palmerston, Pa., U.S. skiers suffered an estimated 35,750 injuries distributed as follows: sprains, 45 per cent; fractures, 33; wounds, 12; dislocations, 3; miscellaneous, 7. About a third of the injuries affected the ankle; a fifth, the leg; a sixth, the knee.

The major cause of accidents, says the M.D., is the skiers' inability to check their speed during downhill runs or to make safe stops. His recommendations: Use good equipment; obtain professional instruction; don't ski beyond your ability.

Author Raymond Schuessler, writing in Today's Health, says that doctors advise these further precautions: (1) Get in condition before starting your skiing holiday; (2) warm up before going on the slope; (3) avoid major runs when tired; (4) get off the trail when you have to stop; (5) never ski alone; (6) use safety-release bindings on your skis.

'Save that severed ear'

When you give first aid to a car-crash victim, look around for soft-tissue fragments—for example, parts of a severed ear. By rushing such fragments to the hospital with the patient you'll do him a real service, says Dr. Paul W. Greeley of the University of Illinois.

External-ear losses, he explains, are much easier to repair if the pa-

tient's own ear cartilage is available.

"The skin is removed from the ear and the cartilage is 'stored' in a subcutaneous pocket in the patient's abdomen till it's needed," explains Dr. Greeley. "It keeps better in a skin flap than it does under refrigeration."

Soft-tissue repairs can also be facilitated by better emergency room care, he adds. He suggests (1) more thorough cleansing of wounds to prevent infection; (2) more emphasis on saving the circulation of the injured tissue and less emphasis on trying to do a "perfect repair job" in the emergency room.

Go easy on heart massage, says this M.D.

Are "too many people showing too much enthusiasm" for heart massage as a means of saving the patient with cardiac arrest?

Dr. Ben Eiseman of the University of Colorado thinks so. He questions opening the patient's chest in many situations, particularly where the underlying cause is incurable. The new closed-chest method of applying pressure over the sternum makes heart massage unnecessary in most cases, he says (see *RN* News, October, 1960).

The doctor points out that some 1,300 cases of cardiac arrest occur yearly in operating rooms. Even there, he says, heart massage should be kept to a minimum.

Elsewhere, when arrest is suspected, thoracotomy and attempted cardiac massage will, in the long run, do more harm than good, he adds.

'R.N.s can help prevent toxemia of pregnancy'

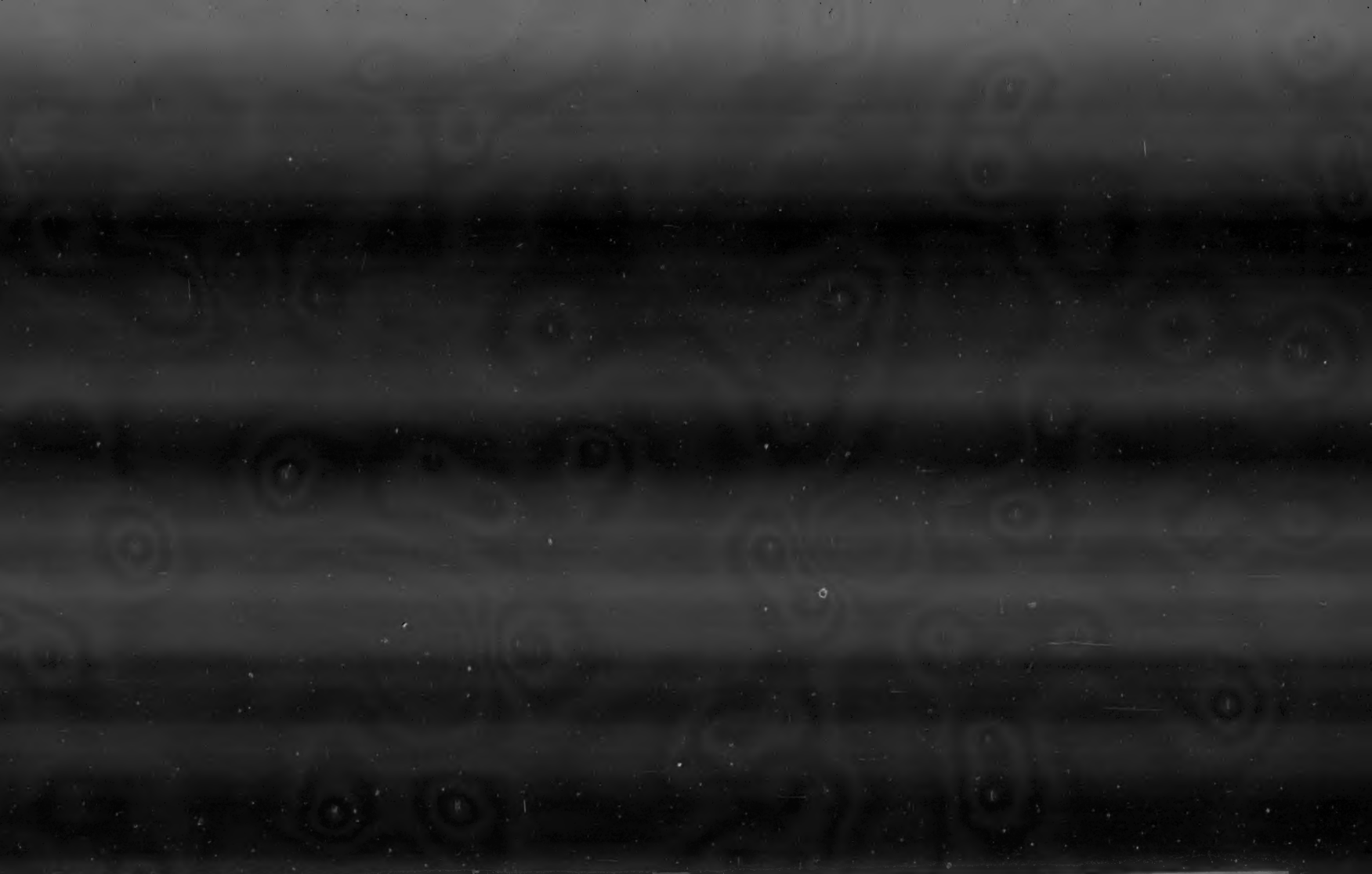
There's reason to believe that toxemia of pregnancy is psychosomatic in origin; so anything you can do during prenatal visits to bolster the patient and relieve her anxiety may help prevent the disorder.

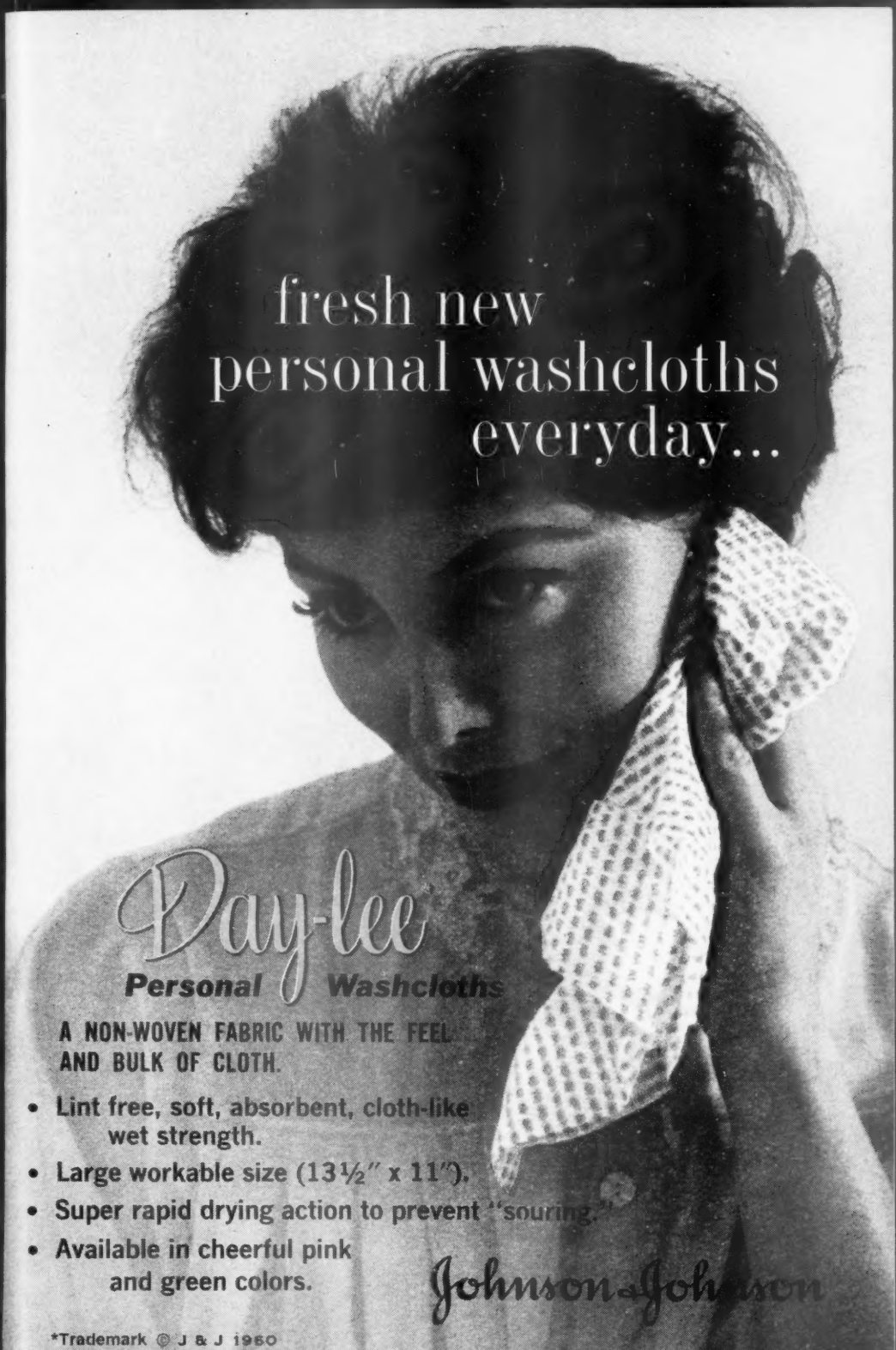
That's the opinion of Dr. C. A. Douglas Ringrose of Edmonton, Canada. He says that women who develop toxemia often have a "personality abnormality," though it's not necessarily an obvious disturbance such as a severe psychosis.

Toxemia occurs in 5 per cent of all pregnancies, usually in the last three months. Symptoms include rising blood pressure, eye trouble, rapid weight-gain, headache, diminished output of urine, and pain in the upper abdomen.

Way found to use stored blood in heart surgery

Open-heart surgery, which heretofore has required fresh blood, can be done safely with stored blood simply by adding calcium chloride and heparin to the blood before using it, says Dr. James V. Mal-

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• Large workable size (13½" x 11").
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PACKAGE
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To open, simply pull tabs back and away from sterile interior

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STERIL-PEEL™...THE MOST EFFICIENT PACKAGE FOR BARDEX®...THE FINEST FOLEY CATHETER

Bardex®—the Foley Catheter with features that ensure dependable performance... reinforced ribs to provide even distention of the balloon... multiple dipping in premium latex to produce a uniform wall thickness; large, smooth eyes for maximum drainage. These are some of the reasons why hospitals willingly pay a little more, and why they continue to specify more Bardex Foley Catheters than all other brands combined!

Sterile-packaged Bardex catheters are now available in this new and exclusive tab-opening, peel-apart package; at no increase in cost. Ready for instant use, the new "Steril-Peel" package provides a simple and instrument-free aseptic opening technique that has been evaluated and approved by leading hospitals..."Steril-Peel" is another good reason to specify BARDEX® Foley Catheters

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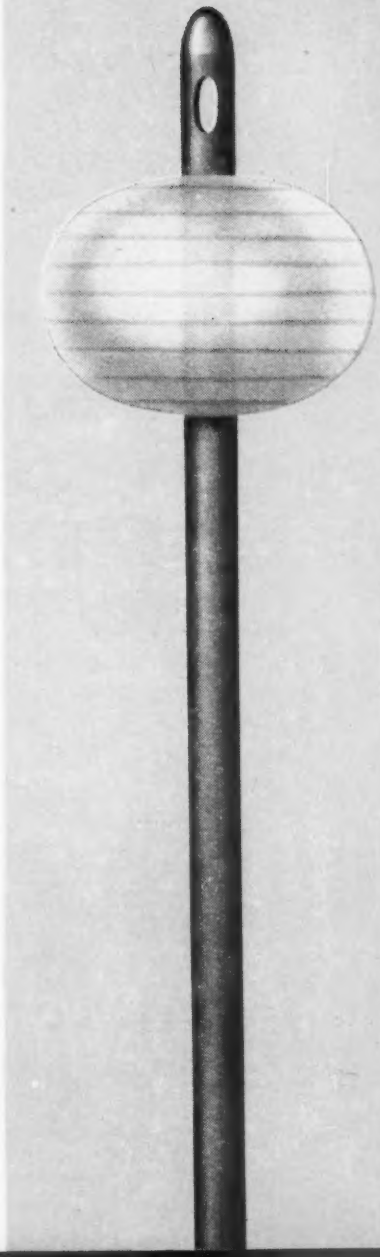

on duty... Tetrazets®

For prompt, pleasant relief of minor sore throat

TETRAZETS combine, in one raspberry-flavored troche, the anti-infective activity of three proved antibiotics (zinc bacitracin, tyrothricin, and neomycin), plus the topical anesthetic effects of benzocaine. TETRAZETS act longer than gargles or mouthwashes... provide wide-spectrum antibacterial action to help eliminate many pathogens in the mouth and throat. Soothing, pleasant-tasting TETRAZETS are available without prescription at local pharmacies. Keep TETRAZETS handy for that next sore throat.

MERCK SHARP & DOHME
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oney Jr., speaking for a University of California research team.

Studies at U.C.L.A. show that the ACD preservative (acid, citrate, dextrose) used in banked blood destroys the blood's calcium. Replacing the calcium before using the blood prevents the so-called citrate toxicity that formerly resulted.

According to Dr. Maloney, banked blood has many advantages over fresh blood. Among other things it:

¶ Eliminates delays often encountered in rounding up emergency donors.

¶ Prevents waste of fresh blood drawn for specific heart operations and then not used.

¶ Allows the surgeon to undertake emergency procedures that he couldn't do if he had to depend on fresh blood.

Prescription-filling by mail is scored

Prescription-filling by mail at cut-rate prices is becoming widespread, says the Virginia Medical Monthly. It warns against these dangers:

¶ Medicine by mail may not be received for a week or more. By then it may not help; meanwhile, the patient has probably tried risky self-medication.

¶ Such interstate schemes encourage quackery. Practitioners forbidden to prescribe in their own states may issue prescriptions to be filled by mail.

Propped position eases delivery, they find

The muscles of expulsion can be used to better advantage if the OB patient is propped in a semisitting position on the delivery table, reports a husband-wife study team, Drs. Michael and Niles Newton, in Obstetrics and Gynecology.

"Patients in the propped position," says the team, "were able to push more effectively in the second stage of labor and required less complete anesthesia."

capsules

Lack of locker space for nurses adds to the **staph hazard,** warns Nurse-Consultant Frances Ginsberg of Boston in The Modern Hospital. The nurse who must wear her uniform to and from work, she points out, may spread infection . . .

The International Council of Nurses is reportedly hiring an R.N. at its London headquarters to handle full-time promotion of an **economic welfare program** . . .

Surgery doesn't cure **varicose veins,** contends Dr. H. I. Biegeleis-

news

en in a report to the New York State medical society. He urges injection therapy and annual checkups to control the condition . . .

Nurses will work underground in a 175-bed **"survival hospital"** now being constructed in San Antonio, Tex. The hospital, said to be the first of its kind in the U.S., will have lead doors and other radiation safeguards . . .

Alcohol and meprobamate should not be mixed, warn researchers at the Madison (Ind.) State Hospital. Their studies show that the tranquilizer greatly increases the effects of alcoholic drinks . . .

A Houston (Tex.) detective, hypnotized to resist **hypnosis,** gathered evidence that led to the conviction of a charlatan posing as an M.D.-hypnotist, reports the A.M.A. News . . .

Ultrasonic therapy is of marked benefit to patients with such afflictions as slipped disk, chronic bursitis, and phantom limb pain, clinicians told the recent International Conference on Ultrasonics . . .

Gonococci have become so resistant to penicillin that the dosage now needed to cure **gonorrhea** is about seven times larger than was needed in 1945-47, the Public Health Service reports . END

Only Heinz 100% Baby Meats and High Meat Dinners come in screw-cap jars

Now all Heinz Baby Foods provide these 2 valuable extras . . .

1. EXTRA PROTECTION

- Reseal airtight for safer storing of unused food.
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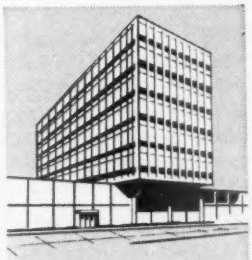
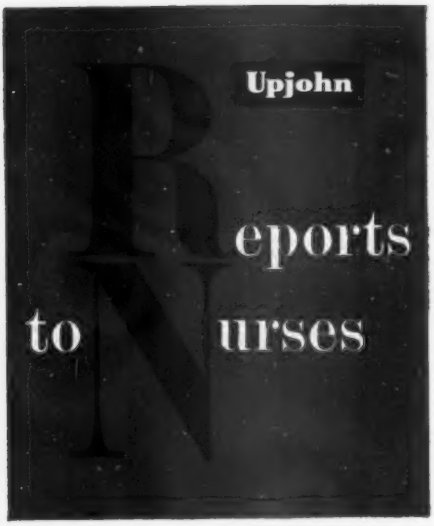


• The new, comprehensive HEINZ RESEARCH CENTER —source of nutritional planning and latest technological development.

Over 100 kinds . . . **HEINZ BABY FOODS** 57



New formulation combines corrective and symptomatic therapy of premenstrual tension.

Fifty to seventy per cent of menstruating women suffer from premenstrual tension. Many of them either do not know what their trouble is, or hesitate to say much about it even if they do know.

The syndrome is recurrent, and the pattern is surprisingly consistent in any individual. Many patients have emotional symptoms as their chief complaint, but further questioning often reveals additional complaints associated with water retention and congestion. And further, patients may mention any one of several symptoms—fatigue, lower abdominal pain, leg ache, or insomnia—as the major complaint; some may go through a list of ten or twelve, all described as equally annoying.

SINGLE FACTOR CONSIDERED BASIC TO SYNDROME

In spite of this range of symptoms, a single factor, hormone imbalance, appears basic to the syndrome. The signs and symptoms of this imbalance suggest an excessive estrogen effect related to an endogenous progesterone deficiency. Salt and water retention, autonomic and vasomotor instability, lower abdominal pains, and scanty menstruation, as well as evidence of poor luteal function, all seem to implicate a progesterone deficiency.

NEED TO CORRECT CAUSE AND RELIEVE SYMPTOMS

But even though progestational therapy may eventually correct this hormonal imbalance and ameliorate the premenstrual syndrome, simultaneous employment of symptomatic measures offers the advantage of immediate relief. Thus, effective treatment of the entire premenstrual tension syndrome should logically include correction of underlying hormone imbalance, relief from edema, and relief from nervous tension and anxiety.

CYTRAN PRESENTED AS MORE COMPLETE THERAPY

Cytran* is being offered to physicians as a treatment for the entire premenstrual tension syndrome. Because Cytran contains the new progestin, Provera†, the probable *cause* of the syndrome (hormonal imbalance) may be corrected. Symptoms such as abdominal discomfort, shakiness, and fatigue, incompletely controlled by mere symptomatic treatment, may now be effectively relieved. And while Provera in Cytran works to effect a restoration of hormonal balance, an effective diuretic (Cardrase†) and a mild tranquilizer (Levanil†) offer rapid, symptomatic relief.

CYTRAN

gets at the probable cause of premenstrual tension

Each tablet contains:

Provera (medroxyprogesterone acetate)	2.5 mg.
Cardrase (ethoxzolamide)	35 mg.
Levanil (ectylurea)	300 mg.

Cytran is available only on prescription. Complete information on indications, dosage and precautions is available only on professional request.

*TRADEMARK †TRADEMARK, REG. U. S. PAT. OFF.

Upjohn THE UPJOHN COMPANY
KALAMAZOO, MICHIGAN

RN literature and samples

ACNE THERAPY: Acne-Dome Cleanser is a medicated cream for conditions of the skin an dscalp. Copious in sudsing action, the product combines bacteriostatic and fungistatic properties. Descriptive material and a sample. DOME CHEMICALS, INC. **A-1**

INFANT FEEDING: The facts young mothers should know about the feeding of infants and small children are contained in "ABC's for Baby's Mealtime". Attractively printed and illustrated, the booklet presents material which is specific and authoritative. H. J. HEINZ CO. **A-2**

SHOE COMFORT: A booklet describes the Barefoot Freedom comfort last which is a feature of duty shoes made by Miller Shoe Co. Also included is a folder, "The Story of the Lace Oxford", which rationalizes some of the features that make duty shoes truly comfortable. MILLER SHOE CO. **A-3**

EVACUATION: The Rectalad enema is described as a convenient new approach to prompt, effortless bowel evacuation. A disposable, plunger-type applicator device contains only 5 cc. of liquid. Discomfort is minimized. Descriptive material is offered by WAMPOLE LABORATORIES. **A-4**

PRODUCTS FOR PATIENT-CARE: An eight-page folder illustrates 24 plastic items for use in intravenous therapy, anesthesia, aspiration, irrigation and urinary drainage procedures. The folder opens to provide a handy wall chart. C. R. BARD, INC. **A-5**

NURSES' ATTIRE: Here's a thirty-two-page, two-color catalog, showing many uniforms in a variety of fabrics, sizes and prices, as well as a selection of accessories including lingerie, shoes, jewelry, coats and capes. THE UNIFORM CENTER. **A-6**

HOMEMAKER'S GUIDE: Practically every household task which calls for water can be made easier through water conditioning. A new twenty-eight-page illustrated brochure covers a host of subjects, ranging from specialized laundry problems to food preparation, personal cleanliness, and hygienic baby care. CALGON CO. **A-7**

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ORADELL, NEW JERSEY

January, 1961
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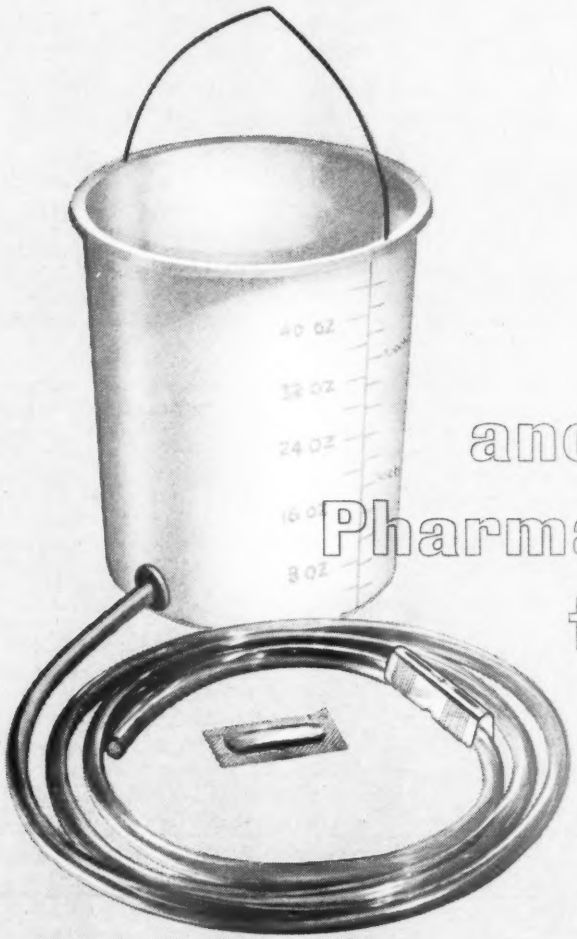
ENEMA ADMINISTRATION UNIT

a disposable 1½ quart container *complete* with connector and rectal tube plus clamp and lubricant...all packaged together and ready for use.

FOR ROUTINE LARGE VOLUME ENEMAS...LOW COST...EASY TO STACK...STORE...ASSEMBLE...DISPENSE...USE AND DISPOSE.



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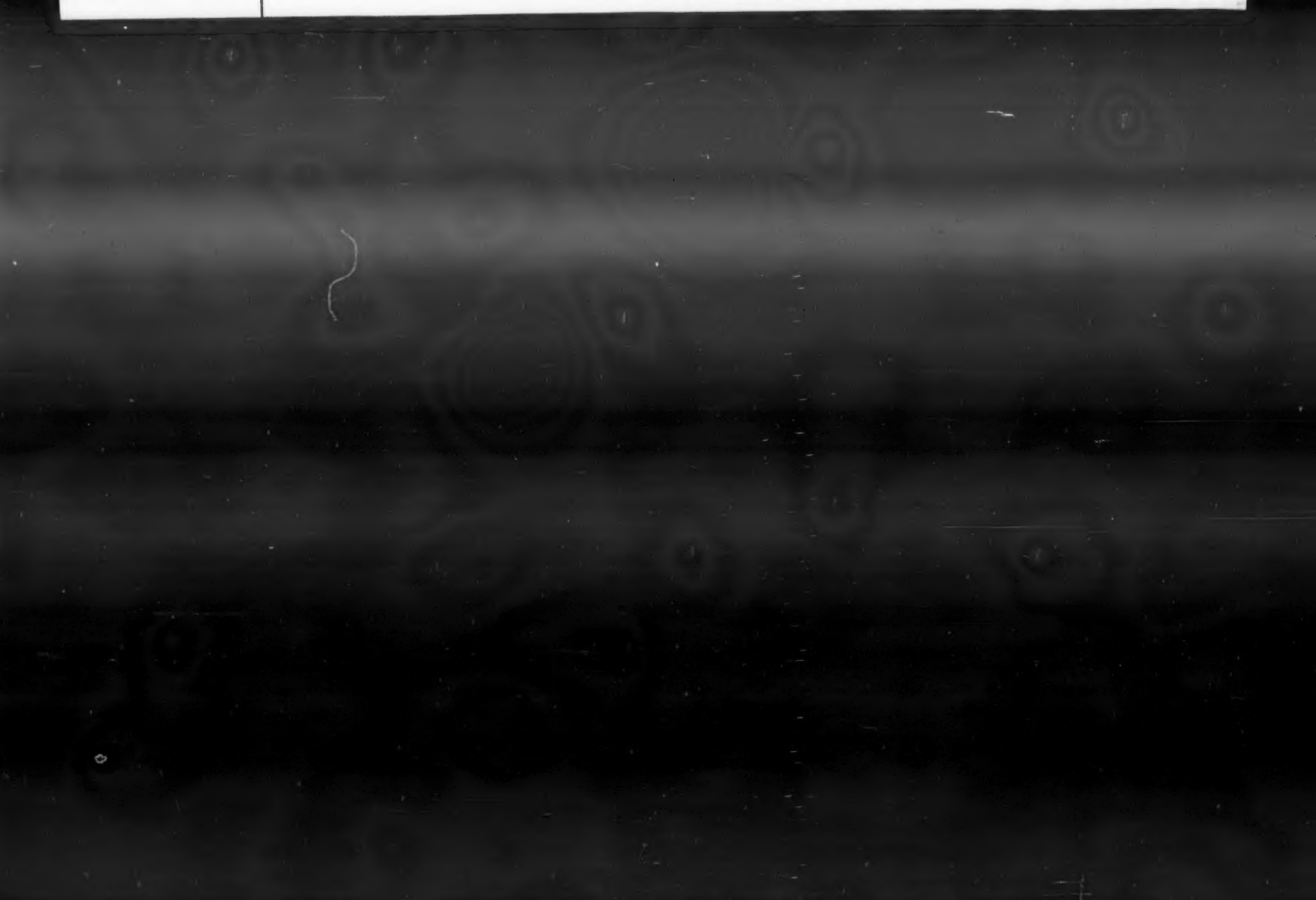


RN

Your right to organize for economic security

By William A. Regan, LL.B.

Do you know what you can and can't do legally in organizing with other R.N.s to secure higher wages and better working conditions?

Take, for instance, your right to strike. You may have heard that it's illegal to strike against a hospital. This is true only in part. Federal law says (as laid down in the Labor-Management Relations Act):

¶ You *can* strike against a private employer (a doctor, an industry, a private hospital or nursing home from which the owners derive a profit).

¶ You *can't* strike against a nonprofit or government hospital ("government" means local, state, or Federal).

To the nurse, however, the right to strike is more than a legal question. She has usually refused to strike even when legally entitled to do this. Reason: She puts the welfare of her patients first.

Any nurse who takes part in a strike is acting contrary to the

THE AUTHOR *is legal consultant to the Catholic Hospital Association of the U.S. and Canada, and a member of the Bar of the Supreme Court of the United States.*

stand taken by the American Nurses' Association. In 1950 the A.N.A. House of Delegates stated the association's position in the following words:

". . . the nursing profession and employers of nurses share responsibility for . . . adequate nursing service . . . [Hence, professional nurses voluntarily give up] the right to strike and . . . the use of any other measures . . . inconsistent with professional nurses' responsibilities to patients."

If strikes are thus largely ruled out by law and by professional standards, how *can* you present requests to management in a way that will bring action?

The answer is *collective bargaining*. It's legal, and it has the blessing of the A.N.A. In fact, the A.N.A.'s own Economic Security Program is based on this principle.

How nurses may organize under the

1. Several full-time R.N.s at one level of employment (for example, general duty nurses only) meet and decide to invite a representative of the state nurses' association to explain the program.

2. At a subsequent meeting, they hear the representative and decide whether or not to form a unit at their hospital or other place of employment.

3. If they decide to form a unit, the representative helps them organize.

4. They then gather facts about the number of nurses employed, the number who are willing to join the unit, etc.

5. After a majority of R.N.s have joined the unit and have authorized the S.N.A. representative to speak for them, the unit draws up a list of changes and improvements it will seek from management.

Collective bargaining is a right held by every American. Most of the legal provisions, as they apply to your job in your state, are in your state's labor relations acts and right-to-work laws.

In general terms, collective bargaining is a process through which employes join with their employer to determine the conditions of employment. They do this by electing members to represent them at meetings with the employer's representatives.

Handled properly, collective bargaining can assure good relations between employes and management. Strike threats are *not* needed to make it effective. As a case in point: Many government-employe unions use collective bargaining effectively even though they're forbidden by law to strike.

How can nurses organize for collective bargaining? *More*▶

A.N.A.'s economic security program

6. It then asks for a meeting with management to consider the nurses' requests.

7. If management agrees, a negotiating committee—with the S.N.A. representative as spokesman—meets with management.

8. After considerable give-and-take, a compromise agreement is reached.

9. The committee submits the agreement, in writing, to the unit.

10. Unit members vote to accept or reject it.

11. If the agreement is accepted, it's signed by the unit's representative, the S.N.A. representative, and management. It then becomes a legally binding contract. (In a government hospital, it may be incorporated into government regulations or statutes.)

Source: "What Every Nurse Should Know About Economics," American Nurses' Association.

Your right to organize

The A.N.A.'s carefully developed Economic Security Program is your best source of help. Assisted by a representative of your state nurses' association, you can form a bargaining organization locally. (See box on the preceding pages.)

Your bargaining group must, of course, be truly representative of the rank and file of nurses at your hospital or other place of employment. And it must present its demands in an orderly manner. Furthermore, it will succeed only to the extent that it carefully gathers all the facts relating to a problem, then presents them persuasively.

As far as the legal aspects are concerned, the orderly and democratic procedures recommended by the A.N.A. can't help but be successful. Never mind if you hear occasional charges that any type of organizing by nurses constitutes "gold digging" and shows "professional immaturity." Such charges are grossly unfair.

The basic economic fact every R.N. faces is this: By herself she has little bargaining power; she must wait until management, beset by many problems, can get around to considering what it will do for her. But when she joins with other local nurses—and is backed by her state association—her bargaining power suddenly becomes formidable. Management listens to her today, not tomorrow.

Most hospitals and other nurse-employers are adopting a "wait and see" attitude toward the Economic Security Program. Personally, I believe the move-

Continued on page 84

Texas technique

The interne was from Texas. Everything there was done "bigger and better" than here in our Michigan hospital. One day he was watching a nursery nurse put an identification bracelet on a baby. He started, as usual, with "In Texas we..." when she interrupted wearily: "I know. Don't tell me. In Texas you brand them!" —REEVA CRANOR, R.N.

They talk with patients in twenty-six languages!

By Edith S. Oshin

Ever feel you should do more for the patient who can't speak English than smile at him? Or wish you didn't have to wait until his English-speaking relatives visited him to learn what he'd been trying to tell you since 8 A.M.?

R.N.s at the University of Illinois hospitals have solved this communication problem—and in twenty-six languages. Nurses (and doctors, too) just consult a special file and call in one of the hospitals' volunteer interpreters on the list: the housekeepers, clerks, faculty, students, and other R.N.s and M.D.s who speak one or more foreign tongues. (Two doctors speak five languages each.) They help answer patients' questions, explain what's coming next, say "This isn't going to hurt" in anything from Arabic to Yiddish.

Interpreters visit their patients every working day—and often during the interpreters' free time too. For they know that fear and bewilderment and loneliness can come to any human being at any time, no matter what his language.

Another help for patients and nurses: R.N.s give the patients foreign-language flash cards. Each card has a standard phrase printed in a foreign tongue on one side and in English on the other. So, if a patient becomes thirsty, for instance, he just shows the nurse the card that reads "I would like a drink of water."

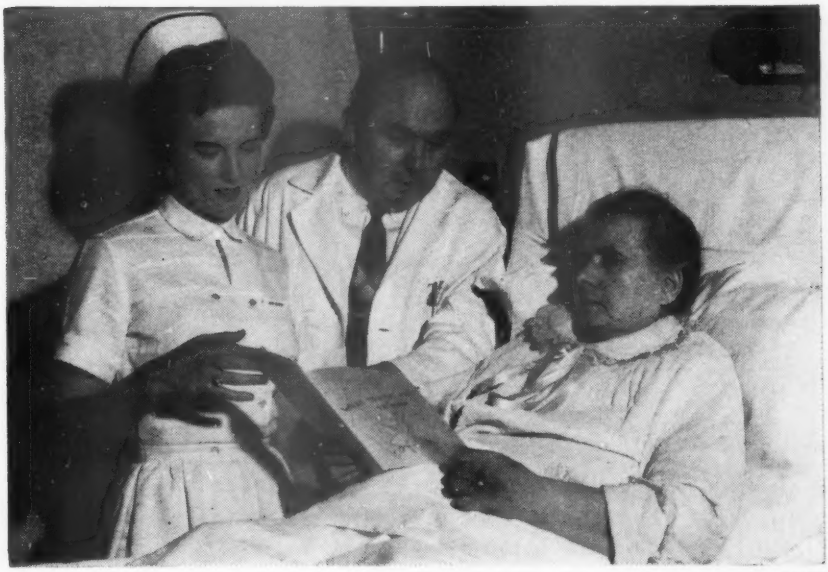
More▶

They talk with patients

BRAIN CHILD *of Mrs. Gloria Merrill,* R.N. *(left), coordinator of patient-nurse relations, the program now has eighty-three interpreters. Here Mrs. Merrill explains new flash cards to Mrs. Gretchen Osgood,* R.N., *associate nursing director.*

TWO INTERPRETERS *are added as Mrs. Osgood signs up Prof. Ernst Kirch, College of Pharmacy, for German, and Josephine Bellamia, clerk in radiology, for Italian. Mrs. Osgood herself is signed up for French.*

PATIENTS OF ALL AGES *find the hospital a less frightening place when they can make themselves understood. Here (above), Chinese-speaking Patsy Kai Min Diao, a student nurse, helps Mrs. Helen Mack,* R.N., *pediatric supervisor, communicate with a 4-year-old. Czech-speaking Prof. Edward Vicher (below) performs the same services for Mary Martin,* R.N., *and a geriatric patient who has had trouble making her wants known.*



END

These nurses check up on each other—and like it!

This interview at an Illinois hospital sheds some interesting light on the controversial subject of the nursing audit

By Martha Dudley, R.N.

"Most nurses know a little about the medical audit —or periodic review of hospital records—required by the Joint Commission on Accreditation of Hospitals. (See page 40.) But few know anything at all about the nursing audit. Just how is it organized? What does it accomplish? Do nurses simply accept it as a necessary evil or are they enthusiastic about it?"

At the suggestion of several nurse-leaders, I was questioning Mrs. Esther Pfab, Director of Nursing at Ingalls Memorial Hospital in Harvey, Ill., where a nursing audit has been in operation for several years.

Mrs. Pfab smiled. "First let me give you some background. Then I'll answer your questions.

"Some people insist that nursing quality is an intangible and therefore can't be measured. For a time I agreed. Then I noticed how enthusiastic our administrator was about the medical audit. He told me it had greatly improved medical practice standards. So I began to think that what's sauce for the gander could be sauce for the goose as well.

"Auditing our nurses' notes seemed to be desirable for these reasons: When a nurse charts a patient's condition, she's providing a day-by-day progress report. She's also checking herself against any possible errors or omissions in patient-care. She's putting down proof of the work she has done. So, we decided that the auditing of nurses' notes would help us improve the quality of our nursing service."

"Does it?"

"Yes. It strengthens our communications, uncovers inefficient service, points the way to higher standards. It also reduces the possibility of any medicolegal complications that may arise from inaccurate or incomplete notes."

She paused and smiled. "Obviously, *I'm* sold on the audit! But you want to know if other nurses are equally sold."

I nodded.

"Let's go down to the confer-

THE AUDIT COMMITTEE *is large enough so that the spot check takes a minimum of time. Nursing Director Esther Pfab (standing, left) and Committee Chairman Geraldine Rinkema (standing, right) attend each meeting of the audit committee. Others serve on a rotating basis.*

ence room. It's about time for the weekly meeting of the audit committee."

In the elevator, Mrs. Pfab explained the committee set-up.

"A supervisor and two head nurses are permanent committee members. Every week different head nurses and staff nurses—two of each—serve their turn.

Quick facts about the medical audit

Hospital patients' case records (charts) are kept not only as an account of the patients' hospital experiences but also to provide valuable information for research, education, and improvement of medical care. Hence, several doctors' committees may study the case records.

They may (1) suggest interesting cases for staff discussion; (2) spot therapeutic deficiencies that merit conference consideration; (3) recommend disciplinary action for below-par performance.

Here are five such committees and their duties:

Records. Checks primarily for completeness of records.

Admissions. Matches admitting and discharge diagnoses to determine whether patients were justifiably admitted.

Tissue. Matches admitting diagnoses and operations performed against pathologists' reports to determine whether surgery was justified.

Medical care appraisal. Audits the records of recently discharged patients by disease categories. Determines the general level of competence of the medical staff. Recommends patient-management ideas for routine use.

Audit. Evaluates records of the patients of each doctor who's being considered for staff promotion. Decides whether a doctor's privileges should be limited or increased. Actively seeks out cases of mismanagement.

New staff nurses work on the committee at least twice, as part of their in-service training. After that, they can ask for a turn at any time. Many do ask—proving, we feel, that they find the job interesting and stimulating."

Geraldine Rinkema, committee chairman and a head nurse on the medical service, greeted us. She explained: "We know our job is to review notes, not criticize nurses. So we maintain an impersonal attitude. Would you like to work with us?"

When I said I would, she handed me a thick sheaf of varicolored papers and an audit form (see page 42). Leafing through the papers, I counted ten separate records (see list on this page).

"We check all except the case histories, lab and X-ray reports," Miss Rinkema explained. "Those are processed by the hospital records' librarian. After we're done, the chart goes through the medical audit."

"Do you check every patient's chart?" I asked.

"No. We do a spot check of one or more discharge charts only from each of our nine nursing units. All nurses take care of many patients. So there's a good chance we'll find entries made out by nearly every nurse in each week's sampling. Any nurses we miss one week, we usually pick up in the next week's audit."

Mrs. Pfab interrupted to introduce me to four R.N.s who joined us: Germaine Passarelli and Nancy Goley, attending their first auditing; Mrs. Laura Tuit, a head nurse on the surgical service; and Jean Kennedy, a head

The nursing audit

These are the records reviewed by the nurses' auditing committee at Ingalls Memorial Hospital:

1. Admittance
2. Case histories*
3. Laboratory reports*
4. X-ray reports*
5. Doctors' order sheets
6. Fluid and electrolyte balance sheets
7. Graphic charts (temperature, pulse, and respiration; admission and discharge notes)
8. Medication sheets
9. Nurses' observation sheets
10. Patients' clothing records

*Checked by the records' librarian.

nurse on the orthopedic service.

Miss Kennedy started studying the records before her. The rest of us teamed up in pairs.

As we went through the records, we noted on the audit form many charting errors. (See "Check Yourself Against These

INGALLS MEMORIAL HOSPITAL NURSING AUDIT Date

Patient's name History No. Doctor

ERROR	Check	Comment	Nurse	Auditor
Negative statements				
Use of terms: "patient" "morning care" "evening care"				
Grammatical error				
Misspelled word or name				
Use of unprofessional terminology				
Unsigned notes				
Elimination unrecorded				
Cardinal symptoms unrecorded				
Incomplete admission notes				
Incomplete transfer notes				
HD, POD, or PPD omitted				
Incomplete headings				
Incomplete condition report				
Incomplete death notes				
Inadequate diet report				
Intake-output incomplete				
Untidy or illegible notes				
Improper correction of error				
Erasures or eradications				
Unrecorded times of observation or treatment				
Unapproved abbreviations				
Important notes omitted				

FAVORABLE COMMENTS – (use reverse side if necessary)

Form # 30
nk 11/11/59

WHEN USING *this audit form, the nurse-auditor makes a check mark for each error she finds, explains it under "Comment," identifies the nurse who made it, then initials the item under "Auditor."*

Check yourself against these charting errors

The nurses' audit committee at Ingalls Memorial Hospital looks for the following errors:

—Failure to complete an admission record
—Inaccurate spelling of a patient's or a doctor's name
—Failure to record a patient's or a doctor's full name
—No date
—Wrong date
—Failure to record an unusual condition
—Failure to record an unusual reaction
—Inaccurate description of an injury's location
—Incomplete description of an injury's location
—Inaccurate description of an emergency-treatment application
—Incomplete description of an emergency-treatment application
—Failure to record a minor operative procedure done in the
—patient's room
—Failure to record a doctor's or consultant's or interne's visit
—Failure to record removal of sutures, clips, radium, etc.
—Failure to sign a record when required
—Using initials to sign instead of surname
—Failure to complete a discharge record
—Other (be specific)

Charting Errors," above.) Each of us used for reference a seven-page syllabus on charting. (This is given to each new nurse on her first day at Ingalls.)

In half an hour I found the following errors on the records of a patient who'd been hospitalized for only two days: (1) misspelled word, (2) use of unprofessional terminology ("Skin covered with billions of scales");

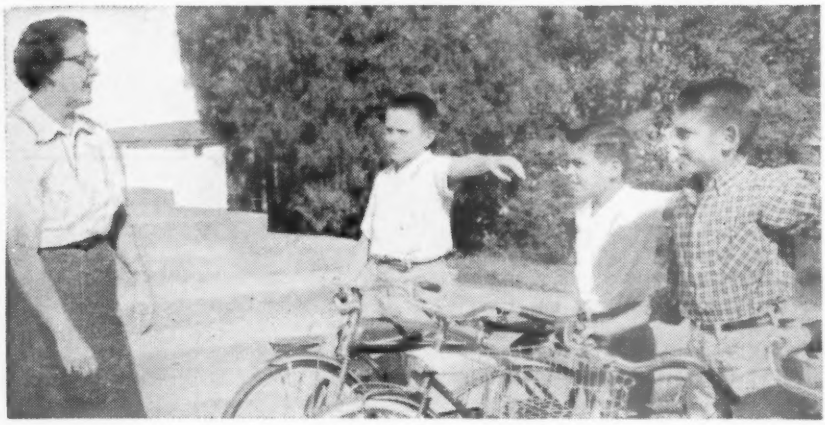
(3) illegible entry; (4) no date.

"You have a keen eye," Mrs. Pfab encouraged. "Here's one more error: The nurse made a negative statement. She called the patient uncooperative. Such a statement must be followed by an indication of *how* the patient had been uncooperative. Had he refused to eat? Got out of bed without permission? What had he done to cause the nurse to consider him uncooperative?"

She made a note on the audit form, then added: "I'm sorry you happened to get such a poor record. Five errors for one patient in two days is way below our standards. At our last audit, the average was .525—that is, approximately one-half error per patient per day."

"After the audit," I asked, "what steps do you take so the same errors aren't made over again?"

This R. N. helps cut bicycle accidents



"First, we try to find out where the fault lies. If the error is obviously the nurse's—for instance, the neglect of a nursing function—I write the nurse a short note. I point out the error and suggest how she may avoid making the same mistake again.

"The committee prefers that I do the writing so that all notes will be uniform. This also preserves the anonymity of the committee. If a nurse feels we're too critical, she can talk the matter over with her head nurse or supervisor.

"We're also alert to errors that may be *our* responsibility. Perhaps we find we haven't given the right instructions, or haven't made clear to everyone how we want certain services performed. Or, perhaps we find that a number of nurses are using an abbreviation that isn't on our approved list. This abbreviation

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You'd expect an industrial nurse to be interested in accident prevention during work hours. But here's one—Mrs. Grace B. Powers of Macon, Ga.—whose interest and efforts don't end when she goes off duty.

A decade of dedicated work among school children has brought Mrs. Powers, mother of two, a National Safety Council citation. And one of the legislative proposals she authored with the backing of the Parent-Teacher Association has been adopted by the Georgia Legislature. It requires youngsters to be 16 before they can operate a motor bike.

Mrs. Powers keeps plugging away for the adoption of other proposals: (1) bicycle registration; (2) qualifying tests for registrants under 16; (3) a "Saturday bike court" for traffic-law violators, that would stress safety education for the young offenders rather than punishment.

Here she gives instruction at the Pearl Stephens School. Thanks to her work as P.-T.A. Council safety chairman, the school has been on the National Safety Council Honor Roll seven years in a row. Pearl Stephens is the only school in Georgia to have received this honor so continuously. END

is presented to the audit committee. If committee members believe it a proper and valuable one, we add it to the list and do not consider its use an error."

By this time the audit was completed. Mrs. Pfab asked the two new committee members if they had any questions or suggestions.

Miss Goley asked: "Why does a nurse have to report 'Linen changed' and 'Patient bathed'? Why can't she just write 'Morning care' or 'Evening care'?"

"It may seem to you," said Mrs. Pfab, "that we're straining at gnats and swallowing camels. But the phrases you asked about —and many others we use— help to guard nurses and the hospital against possible law suits.

"*We* know what the terms 'Morning care' and 'Evening care' cover. But if a jury read our nurses' notes, it might not know. Exact nurses' notes sometimes mean the difference between liability and immunity.

"But we're just as anxious to please our patients and convince their families that we're giving them good care as we are to avoid law suits. You've probably had to cope with the woman who

Continued on page 73

Shirt tale

For months our pediatric nursing instructor emphasized how important it is to "undress the child completely." Then one day she brought her own sick youngster with her and left him at the out-patient department. She was so worried about him that she forgot in class to stress her usual undress-the-child theme. After a time the chief pediatrician stuck his head into the classroom. "You were right," he called out. "Your boy has a high temperature and a sore throat. But I'm surprised you didn't pull up his shirt when you checked him. He's also got measles!"

—RUBY E. EVANS, R.N.

For each previously unpublished anecdote accepted, RN *will pay $15 to $25. Address: Anecdotes,* RN, *Oradell, N.J.*

The local anesthetics

By Morton J. Rodman, PH.D.

Nerve-blocking agents administered locally are among the most widely useful of all drugs. They can deaden pain sensations arising almost anywhere in the body. They're helpful, too, for diagnosis and treatment of many nonpainful conditions. But they need to be used with extreme care. For if high concentrations enter the blood too rapidly, severe systemic toxic reactions may occur.

Because of this, doctors and nurses take every precaution to avoid excessive absorption of the drug they're giving. If ill effects appear, they work fast to counteract them.

The following are the methods of administration, some old and new drugs, and some important precautions:

¶ Applied as a cream, jelly, lotion, or an ointment.

These act only when the tissue is torn or ulcerated.

Best for this purpose are the relatively insoluble and poorly absorbable substances such as ethyl aminobenzoate (Anesthesin, Benzocaine) and butamben (Butesin) picrate. Both often give long-lasting relief of pain and itching in ivy poisoning, burns, hemorrhoids, and other conditions in which the tissue is cracked, cut, or fissured. But

THE AUTHOR *is Professor of Pharmacology at the College of Pharmacy, Rutgers University, Newark, N.J., and consultant to the U.S. Public Health Service.*

prolonged application can sensitize the tissue and lead to later allergic reactions. So these agents are applied for a short time only.

Among the newer "non-caine" drugs are some claimed less sensitizing than the older agents. These include dimethisoquin (Quotane), used mainly in dermatology, and pramoxine (Tronothane), which has many special uses. (For example, pramoxine is often applied to perineal lacerations and episiotomy incisions to relieve postpartum pain.)

¶ Applied to the surface of mucous membranes.

Administered in solution by dropping or spraying, drugs of this class penetrate the mucosa of the eye, nose, throat, and other organs. They quickly reach

Drugs used for local anesthesia

Entries on this list start with the official or generic names of the drugs, followed in parentheses by the trade names and/or synonyms.

Amolanone hydrochloride, N.N.D. (Amethone)
Amydricaine hydrochloride (Alpyn)
Amylocaine hydrochloride (Stovaine)
Benoxinate hydrochloride, N.N.D. (Dorsacaine)
Benzyl alcohol (Phenylcarbinol)
Butacaine sulfate, N.F. (Butyn)
Butamben picrate (Butesin Picrate)
Butethamine formate, N.N.D. (Monocaine Formate, Novocol Formate)
Butethamine hydrochloride, N.F. (Monocaine HCl, Novocol Formate)
Butyl aminobenzoate, N.F. (Butesin)
Chlorprocaine hydrochloride, N.N.D. (Nesacaine)
Cocaine, N.F.
Cocaine hydrochloride, U.S.P.
Cyclomethycaine sulfate, N.N.D. (Surfacaine)
Dibucaine hydrochloride, U.S.P. (Nupercaine)
Diethoxyn hydrochloride (Intracaine)

the nerve endings and stop all sensation. This makes them useful in many procedures that would otherwise be painful and difficult.

Cocaine, the first anesthetic used locally by doctors, was employed for many years in eye operations. By blocking terminal nerve endings, it permitted painless extraction of cataracts and foreign bodies without general anesthesia. Unfortunately, it sometimes caused corneal ulceration or produced a dangerous rise in intraocular pressure. Today safer anesthetics have largely replaced it for eye work.

One of these, proparacaine (Ophthaine), produces anesthesia in about fifteen seconds, with no stinging sensations or red-

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Dimethisoquin hydrochloride, N.N.D. (Quotane)
Diperodon hydrochloride (Diothane)
Dyclonine hydrochloride, N.N.D. (Dyclone)
Ethyl aminobenzoate, N. F. (Anesthesin, Benzocaine)
Ethyl chloride, U.S.P.
Eugenol
Hexylcaine hydrochloride, N.N.D. (Cyclaine)
Isobutyl aminobenzoate (Cycloform)
Larocaine hydrochloride
Lidocaine hydrochloride, N.F. (Xylocaine)
Naepaine hydrochloride, N.F. (Amylsine)
Orthocaine (Orthoform)
Oxethazine (Oxaine)
Phenacaine hydrochloride, N.F. (Holocaine)
Phenol, U.S.P. (Carbolic Acid)
Piperocaine hydrochloride, U.S.P. (Metycaine)
Pramoxine hydrochloride, N.N.D. (Tronothane)
Procainamide hydrochloride, U.S.P. (Pronestyl)
Procaine hydrochloride, U.S.P. (Novocain)
Proparacaine hydrochloride, N.N.D. (Ophthaine)
Propoxycaine hydrochloride (Blockain)
Propyl aminobenzoate (Propanesin)
Saligenin (Salicyl Alcohol)
Tetracaine hydrochloride, U.S.P. (Amethocaine, Pontocaine)
Tutocaine hydrochloride (Butamin)

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dening of delicate eye tissues. Its action is brief. But it can be dropped into the eye repeatedly without danger of causing corneal damage or conjunctival irritation.

Other uses of cocaine

Cocaine is now used mainly to dull sensation in the tracheobronchial tree. For instance, it may be applied prior to bronchoscopy to knock out gag and cough reflexes, thus permitting easier passage of the instrument.

Cocaine, it's claimed, has one important advantage over some of the more potent new topical anesthetics: Its constricting action on mucosal blood vessels is said to delay systemic absorption. Nonetheless, the usual cocainizing precautions are recommended. These are: (1) use the lowest concentration possible; (2) apply in a fine spray; (3) record the dosage.

The same precautions apply when drugs of this class are used in urologic procedures such as catheterization and cystoscopy.

¶ Injected locally.

Agents that are poorly absorbed by mucous membranes may be used in this way. The objective is to bring them into direct contact with nerve fibers and endings.

Procaine (Novocain) is the most widely used of the injected synthetics. The first injection is given just under the skin. As it deadens superficial nerve endings, larger and longer needles are used to deliver more of it into the deeper tissues. Soon its action blocks all the sensory nerves supplying the skin and subcutaneous tissues of the operative field.

To lessen the quantity of anesthetic needed for a local block, the drug is commonly combined with a vasoconstrictor such as epinephrine. This reduces its rate of absorption from the injection site. Thus the anesthetic action lasts longer locally. Also, systemic toxic effects may be prevented.

Toxic effects

Such effects—especially from overdosage—are an ever-present danger. There are two types:

1. Overstimulation of the central nervous system.

Symptoms: The patient appears excited and apprehensive. Frequently, he suffers sudden convulsive seizures.

Continued on page 66

'I'm taking a new look at OB nursing!'

This R.N. drifted into a nursing field she'd always considered routine. Here's how she makes it challenging

By Anne A. Swendig, R.N.

Of all the fields open to an R.N., the one I once dismissed as too dull—obstetrical nursing—has now captured me, irrevocably and completely.

I used to think it must be pretty routine being an OB nurse. For she always knows the basic diagnosis (pregnancy) and the cure (delivery). Hers is a necessary nursing job, I conceded, but not particularly rewarding.

I remember how, in my training days, the patient was often

heavily sedated. There was nothing challenging about watching such a patient progress and finally deliver. She was about as thrilled as an old shoe—and a lot harder to move!

Now techniques have changed. So has my opinion. An experience two summers ago made me change my mind.

I was visiting my mother for the summer. I'd agreed merely to help out at the near-by Community Memorial Hospital in Ayer, Mass.

Mother, a loyal home-town booster, told me one day about a friend who had come to Community Hospital from a considerable distance to deliver her fourth baby. "Our hospital has a wonderful reputation for the care of expectant mothers," she proudly explained.

While I respected my mother's sincerity, I was doubtful about her statement. The local hospital is small—only 40 beds. How could there be superior OB nursing care *here,* I wondered. Just what could these nurses do for OB patients that nurses elsewhere don't do?

Then I met Miss Catherine Koronis, the obstetrical supervisor.

As I worked under her from time to time, it dawned on me gradually that Mother's story was a fine tribute to truly exceptional nursing. I began to see that an expectant mother might well travel many miles just to have the advantage of *this* kind of nursing care.

How Miss Koronis helps her intrapartum patients, and what results she gets, can best be shown by examples from my own work. Not that I consider myself anywhere near her equal in skill. But I'm learning.

Inspired by Miss Koronis, I soon changed completely to OB nursing. Now I'm putting into practice the principles I learned from her.

A new approach

Today I wonder how I ever thought that making things easier for expectant mothers could be routine. Instead, this work is a constant challenge! With primiparas especially, the nurse's attitude and actions make all the difference in how patients react to labor and how they'll feel in the future about pregnancies and deliveries.

Picture the typical primipara. She arrives at the hospital with a

mixture of emotions: joy that she's finally ending nine months of waiting; nervous excitement because she doesn't know what she's getting into; worry that her baby may not be normal; dread of being left alone with strangers; and, most of all, fear of pain. Often, the husband tags along, suffering from some of the same

legal pointer

QUESTION: *A patient may bring suit against a nurse for an injury which he alleges resulted from her negligence. But what about the nurse? May she bring a negligence suit against a patient or hospital or corporation if she is injured while employed by one of them?*

ANSWER: She wouldn't need to bring such a suit against any but the patient. The nurse who's employed by a hospital or a corporation is protected by the Workmen's Compensation Acts. Any occupational injury she sustained "arising out of or in the course of" her employment would be compensated under these acts.

In the case of a nurse employed by a patient or his family: The patient (or family) might not be considered an employer in the statutory sense of the word. Hence, the nurse ordinarily wouldn't be protected under the Workmen's Compensation Acts. She would have to bring suit charging negligence. She would have to prove her charge in court. If she did, she might receive a judgment in her favor. She could then collect it if the negligent party were able to pay.

DO YOU HAVE A QUESTION *about some legal aspect of nursing? If so, send it to William A. Regan,* LL.B., *care of* RN. *He'll select questions for reply on the basis of their general interest to readers. No question can be acknowledged or returned.*

emotions plus uneasiness because he doesn't know what he's supposed to do.

Anticipating this situation, I try to meet the patient as soon as she arrives. Even if I'm rushed, I at least greet her by name, so she knows we are expecting her. If there's time, I linger to chat. In such a case, I make a game of seeing how soon I can persuade her to relax enough to smile.

If the husband is along, I ask him to take a seat at the end of the hall. I assure him that I'll be back as soon as his wife has been admitted and a few necessary basic procedures have been taken care of.

Husbands allowed

At the hospital where I now work (St. Joseph's in Bryan, Tex.) we not only allow the expectant father to stay with his wife, but encourage him to do so. I myself have had one baby in a hospital where my husband wasn't allowed at my side, and a second in a hospital where he was. I *know* labor is easier to bear when your husband is with you.

As I ask my patient the necessary questions, I encourage her to relax. Though it's hard when rushed to seem unhurried, I deliberately do so, thus reassuring the patient as I check her temperature, blood pressure, contractions, and fetal heart tones, and give the prep and enema. I want her to be as comfortable as possible for the experience ahead.

As soon as I can, I tell the husband he may go to the labor room. While we walk down the hall together, I let him know that we're glad he came with his wife.

But husbands only

Sometimes the patient's (or the husband's) mother tries to accompany us. When this happens, I may find myself involved in a family quarrel. For when the husband is present, only *he* may join his wife in the labor room. This makes many mothers furious—either with me or with the hospital.

Even so, I'm convinced that our husbands-only rule is a sound one. It seems to me that the experience of bringing a baby into the world is too personal for a married couple to share, even with a close relative. It may be hard for a girl's mother to have to sit and wait. But it

Continued on page 78

Salvaging a patient's blood for transfusion

This technique may help you save the patient who refuses a donor-transfusion for religious reasons

By Mary Tuomey, R.N.

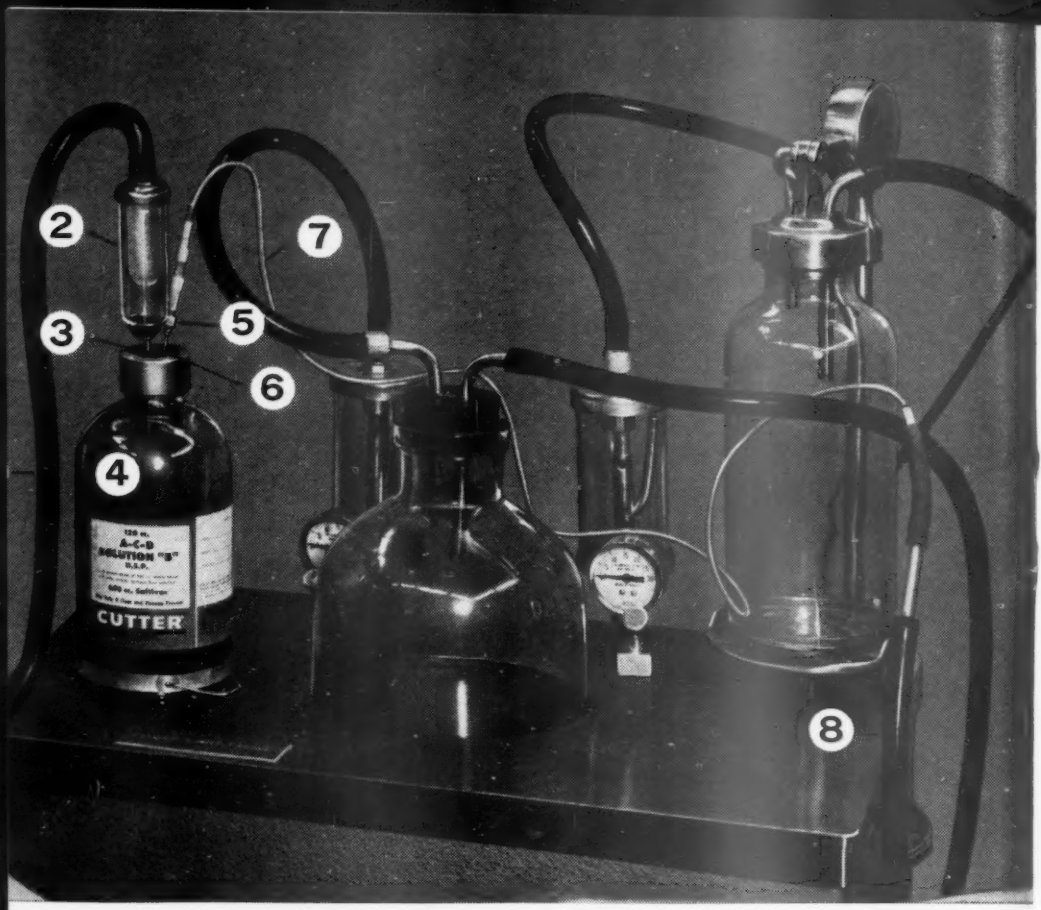
Your patient is bleeding and needs a transfusion immediately. But because of his religious belief he flatly refuses to accept the blood of another person. What can you and the doctor do?

Faced with this situation, Dr. Eugene J. Luippold and O.R. Supervisor Elizabeth Stokes, both of Riverside Hospital in Boonton, N.J., came up with an answer that saved their patient. Since the patient, with the approval of her religious adviser, would accept her *own* blood, they salvaged it from a pooled source without contaminating it. Then they used it for immediate transfusion.

Since that first emergency, they've had additional experience with their method. The results have been excellent. Here's what they do, and what you and a doctor can do if you should ever be faced with a similar situation:

First, collect the following items:

1. A sterile filter unit from a Plavolex (Wyeth) I.V. administration set, or any other sterile filter unit having hard plastic tips at both ends.
2. A pair of sterile scissors.
3. A sterile Poole suction tip



FINAL STEPS *in assembling the blood-salvaging device: The tubing (1) from the Poole suction tip leads into the filter unit (2). The unit is inserted through the opening marked "Outlet" (3) on the rubber cap of the transfusion bottle (4). To provide suction, the 18-gauge needle (5) is inserted in the transfusion bottle through the opening marked "Diaphragm" (6). The tubing (7) of the anesthesia connecting set leads from the needle to the tubing (8) of the suction machine (or to a wall-suction source).*

DEMONSTRATING THE DEVICE, *Elizabeth Stokes,* R.N. *(right), holds the transfusion bottle steady as a surgeon inserts the Poole suction tip into the bleeding-site. The blood thus siphoned into the transfusion bottle will be used immediately to save the hemorrhaging patient.*

with sterile connecting tubing.

4. A Mead Anesthesia Connecting Set (List No. 584).

5. A sterile 18-gauge needle.

(Items 1 through 5 can be wrapped as a unit, labeled, and kept on hand.)

6. A sterile 500 cc. transfusion bottle with citrate. (A plastic transfusion bag can't be used for this procedure.)

Then take these steps:

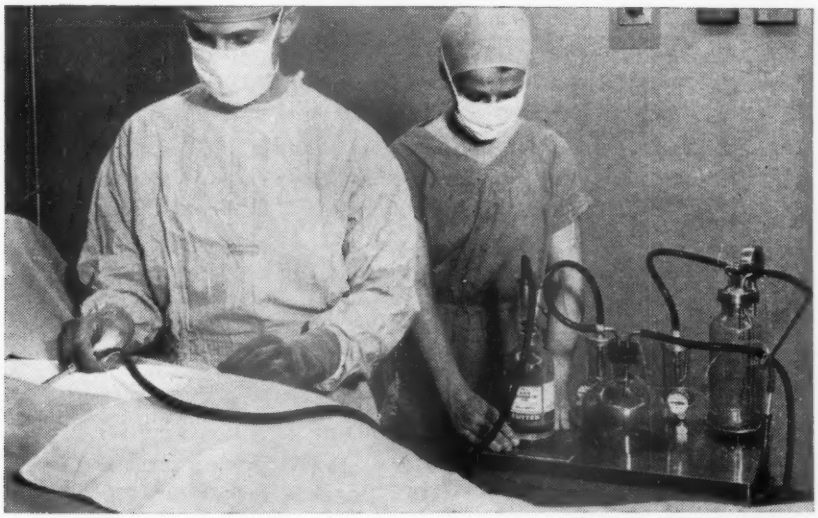
1. Pick up the filter unit and scissors. Cut away the tubing at one end of the unit, exposing the plastic tip underneath. Slip this tip into the connecting tubing of the Poole suction tip. Remove the plastic cover from the opposite end of the filter, exposing the tip beneath.

2. Pick up the anesthesia connecting set and the 18-gauge needle. Attach the needle to the adapter on the connecting set.

3. Complete the assembly as shown in the accompanying cut.

Now you're ready for suctioning.

As the doctor inserts the Poole suction tip into the site where blood is pooling (for example, into the abdominal cavity), start the suction at a force of about twenty-five pounds. This will evacuate air from the transfusion bottle, creating negative pressure



and siphoning blood into the bottle.

The tiny holes in the suction tip will prevent large clots that may have formed from entering the tubing. The sterile filter will trap any small clots and air bubbles. Usually, the transfusion bottle will fill in three to four minutes, depending on the amount of pooled blood present. The salvaged blood can then be administered to the patient in the usual way. END

If you're thinking of buying a car

BY AMY FREDERICKS

Would you guess it's most economical in the long run to:

¶ Buy a new car and hold onto it for several years, or

¶ Buy a good secondhand car and trade it in every couple of years, or

¶ Buy a new car each year?

Each of these procedures may be the most economical, depending on the number of miles you drive yearly. So say economists with the American Institute for Economic Research in the booklet "How to Make Your Budget Balance." Here are their recommendations:

Eight thousand miles or less yearly. Buy a new car and hold onto it. Typical depreciation on a $2,200 car over seven years: $315 yearly.

Ten thousand to twelve thousand miles. Buy a sound 2-year-old car and trade it in every two or three years. Typical depreciation on a $1,200 car: $240 yearly.

Fifteen thousand miles or more. Buy a new car and trade it in yearly. Typical depreciation on a $2,200 car for one year: $600. (You can figure that you save the cost of new tires, battery, and possible major repairs you'd need if you kept the car longer.) END

AN RN REFRESHER

Drug administration and the law

By Signe S. Cooper, R.N.

THIS ARTICLE *is the eighth and last in an* RN *Refresher series on drug administration. The author is Associate Professor of Nursing and Chairman of the Department of Nursing, Extension Division, University of Wisconsin, Madison. The article was prepared with the assistance of William A. Regan,* LL.B., RN*'s legal consultant.*

An R.N. doesn't compound drugs in the hospital pharmacy. Nor does she write prescriptions. For she knows these aren't legal nursing functions.

Yet, in a number of less obvious ways she may at times actually dispense drugs or exercise medical judgment illegally.

Granted, she takes such action unwittingly and only on rare occasions (for example, in an emergency). But that doesn't relieve her of legal responsibility for her acts.

A case in point:

Suppose she finds that the medication the doctor ordered is temporarily out of stock. But the patient needs help immediately. So she substitutes another medication on the basis that, in her opinion, its action is the same.

At that instant she has *unlawfully exercised medical judgment.*

If an accident occurred because of her act, she could be charged and found guilty of prac-

ticing medicine without a license. And, in most places, she could lose her nursing license.

Where does the trouble lie? Usually, the nurse who commits an illegal act, as above, does so simply because she doesn't recognize that instead of "adminis-

Frank facts about frostbite

BY PAUL W. GREELEY, M.D.

The person who needs first aid for frostbite may not realize how serious this condition is. If the tissue is truly frostbitten, it will become gangrenous.

Ears, nose, fingers, and toes are most often affected. As the tissue freezes, it tingles, then becomes numb. Finally there's total loss of feeling in the area. Another symptom: the tissue turns white.

Fortunately, you can minimize damage to the surrounding tissue by giving proper first aid. Above all, *never massage the area with snow*. Frozen tissue is so fragile that even mild massage is harmful. So is heat, even if applied after the tissue thaws. The treatment:

¶ Remove the patient from the freezing temperature as quickly as possible.

¶ Allow the frozen area to thaw slowly by placing the patient in a cool room. If fingers or toes are affected, immerse those members in cold water for short intervals.

¶ Maintain strict cleanliness. Gangrenous areas readily become infected.

If an entire foot or hand seems frostbitten, seek medical aid immediately. (When so much tissue is frozen, shock usually results.) Give the patient hot, stimulating (*not* alcoholic) drinks while the extremity thaws. END

ADAPTED FROM *"First Aid, Diagnosis and Management" (Fifth Edition), published by Appleton-Century-Crofts, Inc., New York, N.Y.*

tering" a medication, she's "dispensing" or "prescribing" it.

What, then, *are* the bounds? Let's look at some guideposts. Let's also consider the dangers of giving (1) the wrong medication, (2) the wrong dosage, and (3) medication to the wrong patient.

First, what does "dispensing" include? Here are three statements overheard at a nursing station. In each case, the nurse speaking is illegally dispensing a medication.

Nurse A (to another nurse): "Going to the pharmacy? Can you wait half a minute? I just want to empty this small amount of drug into a medicine glass and label it. Then you can take the bottle along for a refill."

Nurse B (to a discharged patient): "I've put a day's supply of pills in this little envelope for you. It'll tide you over till you get your prescription filled."

Nurse C: "Where did *she* get *her* training! She's made the label so messy I'll have to change it!"

Remember, when you do any one of the things just mentioned, you're *illegally dispensing a drug.* So:

¶ Never take the remainder of a medication from the original container, put it into a second container, and label the second container. (Avoid the problem by keeping duplicate containers for each medication in the medicine cabinet.)

¶ Never pour several doses from the original container into another, then give them to a patient.

¶ Never label or relabel any drug for any reason. This is the pharmacist's job.

Emergency pharmacy

You're also overstepping the line if you go to the pharmacy, personally remove a medication from a stock container, and then place it in a nursing-station container. This is sometimes done in emergencies, especially at night. But because it can become a serious problem, many hospitals make special arrangements for such emergencies. One system: The hospital uses an off-premises pharmacy where a registered pharmacist is on duty.*

Now, what about "prescribing"?

We've already noted that sub-

*For other ideas and legal pointers, see "You're Not a Pharmacist!" and "How We Fill Drug Orders at Night," May, 1958, *RN*.

stituting one medication for another is an unlawful exercise of medical judgment. The following acts, too, are unlawful:

¶ Interpreting and carrying out vague orders from a physician, such as "give 5 to 25 mg."

¶ Making decisions in some situations about dosage—for example, in a case where it's left to the nurse to decide the amount of Insulin to be given for shock therapy.

Just what can be done to lessen the above hazards?

Written orders

For one thing, there's less chance of trouble when the drug-therapy policies of your institution are stated in writing. The practice of having written orders for medication is necessary for adequate legal protection. It helps even more when M.D.s and R.N.s are held *equally responsible* for observing the policies.

But there's no denying that at times written orders are *not* given, primarily because of emergencies. A good example is the telephone order, most frequently a problem at night. Here's the best way to handle it:

1. Take the order *only* if you're the nurse who will administer the drug. If you aren't, call the proper nurse to the phone.

2. Write the order, word for word, while the doctor is talking. Read it back so he can verify it. As an extra precaution, have another R.N. listen on an extension phone as the doctor gives the order. (If you've had to awaken him, be sure he's fully awake and knows what you're talking about.)

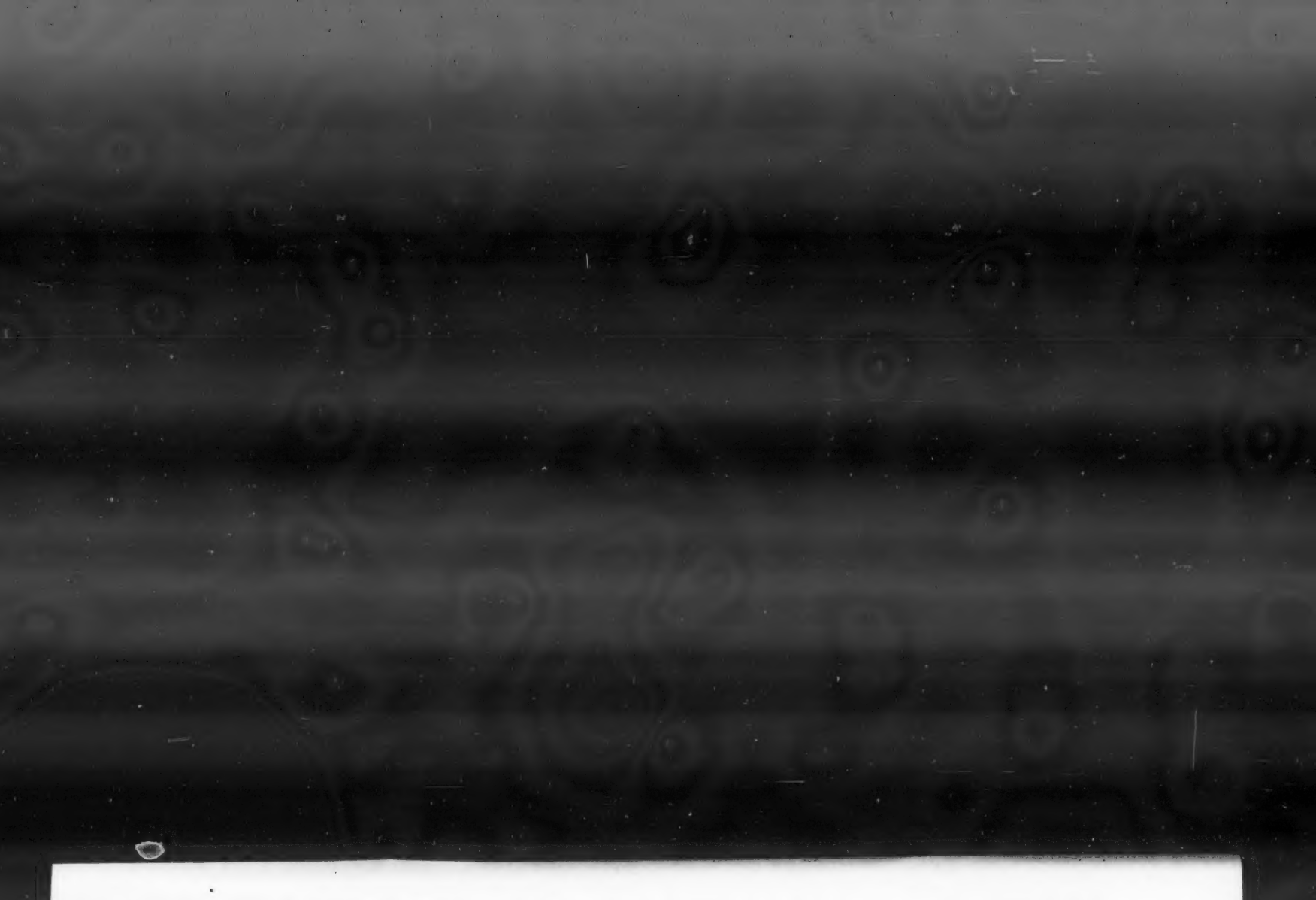
3. See to it that he writes out the order as soon thereafter as possible. Check the order sheet —several times, if necessary.

Suppose a written order you receive seems unusual or excessive. What then?

Remember, *you can be held liable for giving an excessive dose, even though the order is in writing.* As an R.N., you're responsible for your own acts. You're expected to use professional judgment in carrying out a physician's order.

Protect yourself

If you have doubts, protect yourself by questioning the doctor. If he assures you the dosage is what he wants, note this on the patient's record. If you're still doubtful, speak to your nursing superior. She'll check with the



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1. Golden, T.: Am. J. Surg. 100: 769, 1960.

designated staff physician about the validity of the order.

Suppose a nurse gives a medication that another R.N. has poured and there's an error in dosage. In that case, both R.N.s may be held *jointly responsible* for any untoward result. (The second R.N. can't be held totally responsible. For although she violated a principle of drug administration when she gave a medication that another R.N. had poured, the untoward result would not have happened if the first R.N. hadn't made the original error.)

Suppose it's your hospital's policy for selected L.P.N.s to give medications. Then it should also be the policy that the same L.P.N.s chart the medications they give. The law provides that L.P.N.s must work under the direct supervision of R.N.s. Thus, the R.N.s who supervise them should endorse the L.P.N.s' actions by initialing the charts.

The legal interpretations of certain nursing acts may differ from state to state. This is so partly because the functions of nursing are in flux. Hospital personnel now do many acts that aren't clear-cut nursing activities. Only a few of the states have rendered legal opinions (or administrative rulings) on many of these borderline procedures.

Do you know how *your* state stands on such questions as administration of intravenous fluids and medication? Intradermal tests? Anesthetic agents? To find out, your best bet is to consult an attorney who has researched the local law and who is familiar with medical and nursing practice. The "dose" of law you get will be "for your own good." It may help protect your patients and co-workers, too. END

One in a series...a doctor speaks his mind on soap

Now . . . evidence that a mild soap can be advised in cases of

ECZEMATOUS HAND DERMATITIS

". . . the use of soap for routine hand washing and bathing does not influence the course of these eczematous diseases while patients are on a standard therapeutic regimen."

Management of Patients with Eczematous Diseases, J.A.M.A., 173-11, pp. 1196-1198, (July 16), 1960

The above comes from a report on a recently completed controlled study made on the role of a mild toilet soap in the management of eczematous hand dermatitis and three other eczemas*. Procter & Gamble's Ivory was the soap used in the test. In making this white, pure soap every possible precaution is taken to eliminate ingredients that might disturb normal skin or aggravate eczematous skin. You can advise Ivory Soap with confidence.

*Neurodermatitis, Contact Dermatitis, Infantile Eczema

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IVORY

The local anesthetics

Continued from page 50

Remedy: If the doctor has cause to expect a reaction, he prevents it by giving barbiturate premedication. If it occurs unexpectedly, he counteracts it by injecting a quick-acting barbiturate. In either case he keeps resuscitative equipment and oxygen at hand; for these antidotes may depress the respiratory center.

2. Cardiovascular depression resulting from a sudden, abrupt rise in the blood level of the anesthetic drug.

Symptoms: The patient turns pale and loses consciousness. His blood pressure plummets and his pulse disappears.

Remedy: Vasopressor drugs, such as ephedrine and phenylephrine (Neo-Synephrine), are injected intravenously. If cardiac arrest occurs, immediate heart massage followed by electrical defibrillation may be necessary to save the patient's life.

Nerve blocks

¶ Injected as a nerve block.

This method, called regional or conduction anesthesia, reduces the danger of overdosage. The drug is placed in direct contact with one or more nerve trunks at a point distant from the site of surgical incision. Thus a small amount induces widespread anesthesia.

A nerve block can be used to blot out sensation in a limited area such as a single finger or one side of the mouth. Or it can be employed to numb the entire body below the diaphragm. The extent of the anesthetized

area depends on the number of nerves that are blocked and on their distribution. For instance:

In caudal anesthesia, a block in the sacral canal knocks out transmission of nerve impulses from the entire pelvic area. So it's useful for controlling pain during labor and delivery and for operations on the lower abdomen.

A new, potent anesthetic called mepivacaine (Carbocaine) is now being tried for producing many types of regional block. It's said to have caused only a few systemic toxic effects in hundreds of trials to date.

The 'spinal'

¶ Injected into the spinal fluid. This so-called spinal doesn't actually affect the spinal cord itself. It's injected so that it blocks the roots of mixed spinal nerves at the point where they emerge from the cord. This stops passage of motor and sensory nerve impulses, bringing about profound muscular relaxation and extensive loss of pain perception. Two important precautions are necessary:

¶ Pressor drugs are administered prior to the spinal. This prevents the sharp drop in blood pressure that may occur if the sympathetic constrictor impulses to blood vessels are blocked by the drug.

¶ The patient is placed on the operating table so as to control the level to which the anesthetic floats. (The anesthetic often is lighter than the spinal fluid.) If the drug floats too far toward the head, it may paralyze the respiratory muscles and cause respiratory failure. Even then, the situation can be managed by expert anesthesiological technique.

Spinal anesthesia commonly causes postanesthetic headache. This is believed due to leakage of spinal fluid from the lumbar puncture. To help prevent it, narrow-diameter needles and special techniques are used. To relieve the headache, many doctors have the patient lie flat, then give plenty of fluid to raise the patient's cerebrospinal fluid-pressure.

Other uses for 'locals'

Because of some drawbacks of spinal and other local anesthetics, these drugs aren't used so widely for surgery as they once were. But they're still the choice for some major surgical patients

—for instance, some with heart and lung ailments who tolerate them better than general anesthetics.

Also, they're used occasionally for treating other medical conditions. Several have proved especially valuable in certain clinical situations. In cardiac arrhythmias, for example, procaine

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RN-*inspired nurse honored for lifesaving feat*

"They brought the boy to the first-aid room while I was reading *RN*'s article on rescue breathing,"* says Lucille D. Parant, shown here receiving a plaque for breathing life back into an unconscious 11-year-old this past August.

The boy had been retrieved from a day-camp swimming pool in North Babylon, N.Y., where Mrs. Parant was serving as camp nurse.

"Attendants said he was dead," Mrs. Parant recalls. "Nevertheless, I started mouth-to-mouth resuscitation. About twenty minutes later, I felt his abdomen rise. Someone said 'He's breathing!' Then the police arrived with oxygen and rushed him to the hospital, where he fully recovered.

"True, I had learned the mouth-to-mouth technique in my student days. But that *RN* article was both a timely refresher and a real inspiration!" END

*See "The Nurse's Guide to Rescue Breathing," August, 1960, *RN*.

and procainamide (Pronestyl) reduce heart muscle irritability. Procainamide, given orally or intravenously, may dramatically slow down the runaway ventricles in paroxysmal ventricular tachycardia. But there's always the danger that an intravenous dose may sharply depress blood pressure. So the doctor has a vasopressor at hand (Levophed, for instance) to counteract this if necessary.

Though procaine has been given orally for itching and for nausea, vomiting, and other gastrointestinal ills, it has been relatively unsuccessful; for it's rapidly destroyed by the enzymes in these tissues. Recently, however, the new nerve-numbing drug oxethazine (Oxaine) has been reported successful in treating chronic gastritis.

Today the search for safer, longer-acting local anesthetics continues. Some potent newcomers, including tetracaine (Amethocaine, Pontocaine) and lidocaine (Xylocaine), have been added to this useful family of pain-deadeners. Perhaps a major breakthrough will occur one day, giving us an agent capable of producing deep and prolonged local anesthesia without danger of local or systemic toxicity. END

These nurses check up on each other —and like it!

Continued from page 46

runs to the nurses' station and complains: 'My father's linens are soiled. He was wet today when I came and he was wet yesterday when I came. Why doesn't someone here *do* something for him?'

"Now, suppose the nursing notes show 'Linen changed.' And suppose they also show—four times in one morning—'Refused routine morning care.' You've at least got a chance of convincing the patient's daughter that you've done your best to give total care.

"I'll admit, though, that sometimes we just can't win. Yesterday a patient complained, seriously, that while she'd had *tender* care, she didn't think she'd had *loving* care!"

Laughing, the committee members gave Mrs. Pfab their records and left. I asked: "What do you do if a new nurse resents the audit in spite of the explanations you give her while she's on the committee?" *More*▶

"We think it's better for both of us to know early whether or not a nurse is going to meet our standards. If the new nurse ignores our procedures and neglects her notes, I call her in. Usually she conforms. If she doesn't we separate."

During the lunch hour, I talked to five more nurses about the audit. Here's what they had to say:

Mrs. Edna Cranfill: "Recently we suspended the audit when expansion into a new hospital wing

left us shorthanded. Now we've resumed it, and I'm glad. Most nurses, I believe, *want* to know when they make an error and what they should do instead. The audit tells us. Thus we can improve."

Mrs. Pauline Taradash: "Our nurses are graduates of many different schools. Without the audit, it would be impossible to keep our charts uniform. Also, the audit helps us to be more observant and accurate."

Rose Erickson: "As a head nurse, I found while the audit was suspended that some R.N.s were repetitious in their charting. They simply filled up the spaces to show that they *had* charted. But now we're all more careful.

"Remember, it isn't just the staff nurses whose notes are audited. I've heard from Mrs. Pfab about my own errors. Even *her* occasional notes are subject to auditing."

Mrs. Eunice Metz: "Thanks to the audit, the nurse who keeps careful charts that tell the complete story of a patient is more likely to be tagged for promotion than are her less careful colleagues."

Mrs. Evelyn Jeske: "The audit keeps us all on our toes! We

know that good work will show up in the records where the supervisor will see it. Since we've been using the audit, supervisory positions have been filled more frequently from within the staff. This is good for everyone's morale."

I next called on Mr. L. C. Mortrud, the administrator. He, too, was enthusiastic.

"The nursing audit," he said, "has helped in the medical audit, especially in obstetrics. As a result, the medical staff supports the nursing audit whole-heartedly.

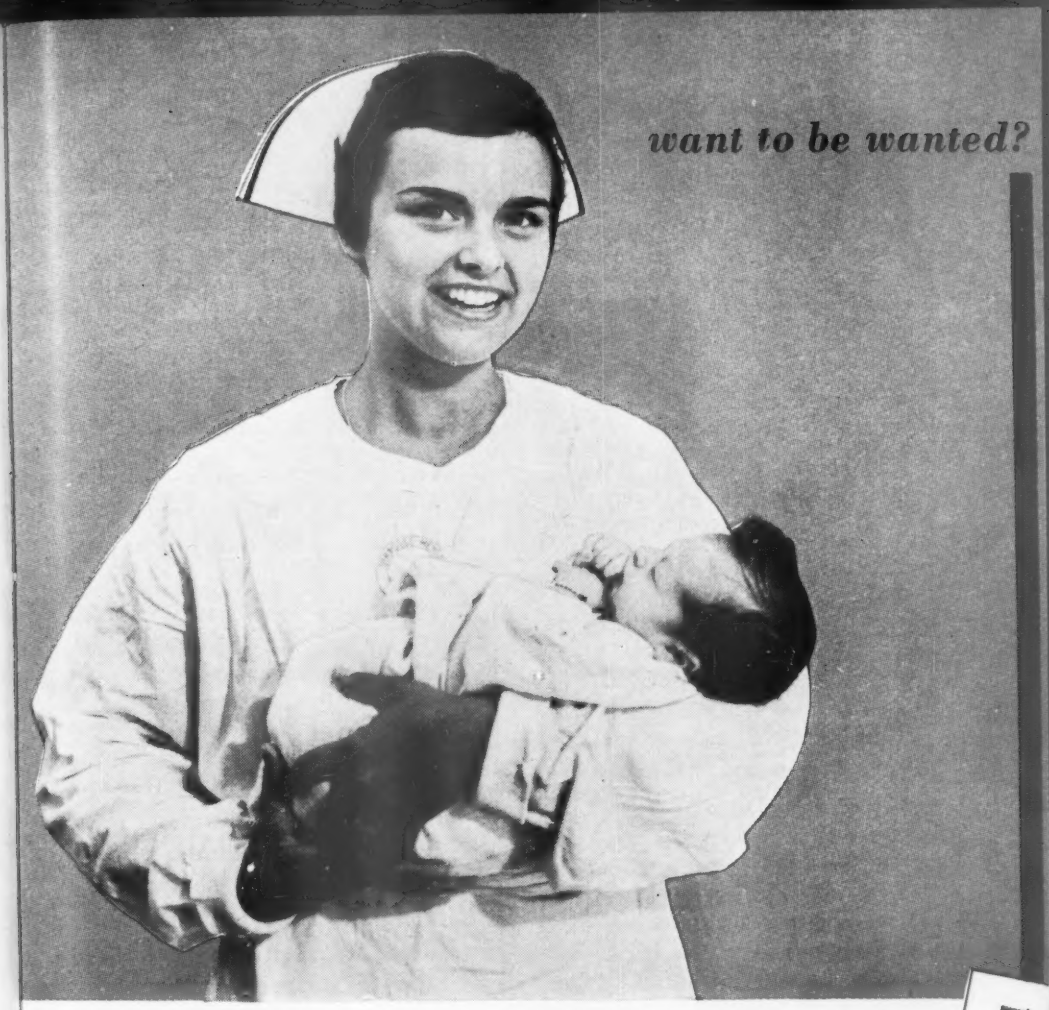
"Our R.N.s cooperate with the audit because they genuinely believe it helps them do a better job. They know we expect them to give top patient-care. They know this includes the keeping of professional notes that will pass the audit.

"Their approval of the audit is shown, I believe, by this fact: Last month we had 117 full-time and part-time R.N.s on the staff. But only six terminated their employment. Most terminations were for personal reasons such as pregnancy or moving away. We think that's a pretty good record."

As I prepared to leave the hospital, I stopped at Mrs. Pfab's office.

"Do you think," I asked, "that other hospitals could use an audit of nurses' notes as successfully as you have here at Ingalls Memorial?"

"I don't see why not," she replied. "I'm sure R.N.s everywhere would soon find, as we have, that the audit helps them improve their skill and encourages them to work toward promotion. These two things together help bring better patient-care." END



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RN 1-1

'I'm taking a new look at OB nursing!'

Continued from page 54

may help her to realize—as she should—that this marriage and this baby are her daughter's, not hers.

Husbands apparently agree with our policy. Many thank us for keeping their mothers or their mothers-in-law away. This more than repays us for the occasional scoldings we get from the older generation!

Our rule is hard on the immature girl who wants her mother with her. But we hope this experience helps her to see her husband in his proper role as first in her life. We hope, too, it helps them both develop a closer and more mature relationship.

As labor progresses, I *constantly* reassure the patient, encourage her to ask questions, and explain what is going on. If she's unduly tense, I take the husband aside and explain that labor will be more rapid and easy if he can divert his wife's mind, thus helping her to relax between pains. I suggest that he hold her hand

when she's having contractions. (Many men are embarrassed to appear sentimental, so they need this instruction.)

At the proper time, I call the doctor. Incidentally, I find that close rapport with the doctor is an especially satisfying element of OB work. A busy doctor trusts the nurse's judgment, relying on her to see that his patient is looked after properly. Also, he expects the nurse to assure the patient that he's keeping in touch with her progress and will be there in plenty of time. Finally, he expects the nurse to make sure he actually *gets* there when he's needed!

That's the care of a typical primipara as I understand it now: a constant challenge to the nurse's skill in providing emotional support. I'm convinced that when we grant an expectant mother these warm, human attentions, we're following sound nursing practice. For what we do for her emotionally pays off in clinical results.

Let me give an example which, though not typical, surely proves my point. One day an expectant young mother arrived by herself. Though she wasn't in labor, she was moaning with pain. The doctor decided to ad-

mit her rather than let her go home alone.

For three days we waited for her labor to start. She moaned most of the time. We couldn't help her much, for we were busy with patients actually in labor.

On the fourth day, as I reported on floor, I knew her labor had started. I could hear her screaming. (The day shift said she'd been screaming for six hours.) I went to her and started talking quietly.

"It hurts," she said, in a terrified voice.

"Yes, it does," I agreed. "And it may hurt still more. But we have to put up with discomfort to have a baby."

She looked at me suspiciously. "How do *you* know?"

"I've had two babies," I replied.

"Did they both hurt you?"

"Yes."

"But Patty said I wouldn't hurt until you put that iron rod into me."

"Who's Patty? And what iron rod do you mean?"

It developed that Patty was a childless friend who'd filled my patient's head with all kinds of

weird stories. The "iron rod" was the catheter which, Patty had said, "nurses always put inside you."

By now my patient was quiet. I told her the practical nurse with us had borne eleven children. That started off a new round of questions.

The doctor came in to examine our suddenly cooperative patient, and reported that labor would continue a while yet. He left, and we went on talking. Unexpectedly, the patient gave a little grunt. The P.N. and I looked at each other. I raised the sheet. Sure enough, the baby's head was crowning.

We made a hasty trip to the delivery room. The doctor told me to give the patient a few whiffs of ether. Then the baby arrived. The patient didn't scream once. When it was over, she looked at me as if we were old cronies. "That wasn't . . . so bad," she said.

This incident convinced me that helping the patient in labor to solve her emotional problems is of major importance. And who can help her better than the nurse? END

WHAT'S NEW IN *Drugs*

Ultrarapid anesthetic: Methohexital (*Brevital*) is a new barbiturate that's described as quick-acting and potent.

Injected intravenously, it's said to put patients to sleep within seconds. It's effective for five to ten minutes only and reportedly leaves no hangover. So a patient may walk away minutes after a minor surgical procedure. This characteristic makes the drug especially useful in dentistry and psychiatry.

Tested in use 50,000 times, the drug seems safe and effective. But its administration requires experience with special techniques. Airway tubes for administering oxygen must be kept handy in case of overdosage.

Powerful pressure-dropper: Guanethidine (*Ismelin*), a new drug for high blood pressure, is said to provide long-lasting relief for seriously ill hypertensives. Reports from a recent symposium say the drug lowered pressure in 95 per cent of patients suffering from the most severe forms of the disease.

Guanethidine is claimed to act in a unique way: Apparently it depletes body stores of norepineph-

rine, the chemical messenger that transmits constrictor impulses from the nerve endings to the blood-vessel walls. This depletion cuts off sympathetic nervous-system impulses that constrict blood vessels.

Because it doesn't affect the parasympathetic system, the drug reportedly doesn't cause constipation and other side effects produced by the ganglionic blocking agents often used in severe hypertension. But diarrhea does sometimes result. And dosage has to be adjusted carefully to prevent fainting.

"Chemically welded" antacids: Two antacids have been "chemically welded" into a single molecule that's used for the treatment of gastric hyperacidity.

Uniting the hydroxides of magnesium and aluminum in this way seems to increase their acid-consuming capacity and buffering ability. The new compound, called monalium (*Riopan*), is said to act faster and last longer than does a physical mixture of the two hydroxides.

When tried on several hundred high-acid patients, monalium reportedly gave immediate and sustained relief of stomach pain or discomfort without disturbing bowel function. Laxative and constipating tendencies of the two chemicals are said to cancel each other in this combination.

—MORTON J. RODMAN, PH.D.

Your right to organize for economic security

Continued from page 34

ment will soon pick up momentum. I believe that when it does, many administrators will readily fall in line.

Interestingly enough, nurses in Maine—a state usually thought of as conservative—may be setting a pattern right now that R.N.s in other states will want to follow. The Maine State Nurses' Association is carrying out a vigorous state-wide drive for collective bargaining. Here's how the program started and where it stands today:

At the 1960 state conference, a representative of the A.N.A.'s Economic Security Division explained the A.N.A. program. An attorney with experience in hospital labor relations explained the legal ramifications. After discussion, it was agreed to organize a state-wide effort, and those in attendance pledged their support.

Since then, a chairman has been appointed for the state, with another for each district and each region. Workshops are being held to acquaint nurses with the aims of the program. The final test will come as R.N.s in hospital after hospital organize to start the orderly collective bargaining procedures that are their right under the law.

The Maine nurses know what they want to accomplish and are setting up dignified, statesmanlike units at the local level. This is collective bargaining at its best.

A word of caution: Wildcat labor activities are never a desirable substitute for action of the above kind. The nurse who takes part in an ill-advised, abortive attempt to achieve goals that can be realized only by patient, reasonable action is sure to suffer the justifiable wrath, not only of hospitals and medical groups, but of organized nursing itself.

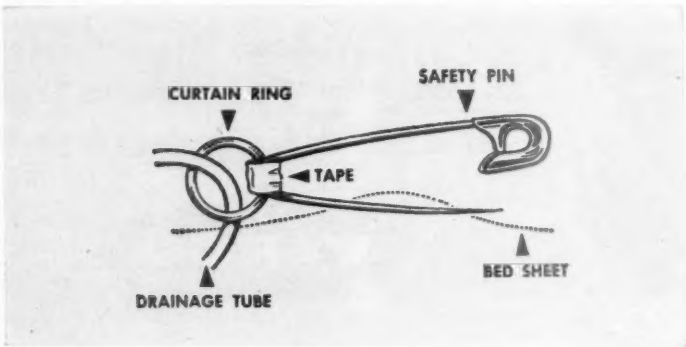
The byword is: Be patient but not timid. The law says that *you* —no less than every other American—have the right to organize for your economic securi-

ty. But when you do, you'll want to respect your primary obligation to act first, last, and always with regard for the safety of your patients.

Nurses in general understand this. Other groups may not. So you'll be wise to avoid joining any mixed labor group. You'll want to join with other nurses whose ethical standards are as high as yours. END

NURSING Tip

How to anchor that pesky drainage tube



Here's an easy way to give a drainage tube all the "play" it needs and still keep it firmly anchored to the sheet: (1) Slip a small curtain ring onto a safety pin, taping it at the loop end to keep it there. (2) Attach the pin to the sheet. (3) Slip the tube through the ring. Result: The tube moves freely when the patient moves, with little danger of kinking or clogging.

—MARY A. BRADY, R.N.

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RN positions

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ADVANCE PROFESSIONALLY AT WEST'S: Best known nonprofit general hospital, 479 beds, JCAH, board certified specialists, full intern-resident, and intensive nursing inservice training programs. Air tourist fare paid for qualified OR R.N.'s. Maximum salary for 40 hr. wk. Excellent vacation, health, pension and other benefits. Nurses residence, also choice apts. with pools available in neighborhood. Write Miss Dorothy V. Wheeler, Director of Nursing Services, Cedars of Lebanon Hospital, 4833 Fountain Ave., Hollywood, Calif.

ANESTHETIST: Nurse for 175 bed accredited general hospital western Ill. Morning surgical schedule, rotate call and weekends among four, little night work. One mo. vacation annually, accumulative sk. lv. Minimum starting salary $6,000. For further information write to chief anesthetist, H. L. Aberg, Cottage Hospital, Galesburg, Ill.

ANESTHETISTS: (a) Anes.-Administrator, 36 bed new modern hsp., seashore resort, Hawaii; (b) Join another for complete coverage 85 bed hsp. on 7 acres of land, Tex., excellent financial opport; (c) Anes. fee basis, 40 bed hsp., southwest mountain resort; (d) Chief anes. 200 bed hsp. resort college town, Mich. $9-10,000. RN 1-2, Burneice Larson, The Medical Bureau, 900 N. Michigan Ave., Chicago 11, Ill.

ASSISTANT DIRECTOR OF NURSING: In charge of Operating Rooms. Personnel benefits include retirement and group life insurance, Social Security and hospitalization insurance. Opportunity to share in developing administrative procedures and policy. Responsible for management of 12-room suite and recovery rooms. Write Ass't. Personnel Director, Miami Valley Hospital, Dayton 9, O.

ASSISTANT TO DIRECTOR OF NURSING: Modern, non-profit, JCAH accredited, 125 bed, general hospital; Residency Program; Staff, Board Certified Specialists. Salary commensurate with background and experience. Excellent personnel policies. Contact Miss Grace Bennett, Director of Nursing, The Lynn Hospital, Lincoln Park, Mich.

ASST. DIRECTOR OF NURSING SERVICE: Position available now in 525 bed modern and progressive general hospital in Northern Calif. Excellent salary and fringe benefits, including retirement plan. B. S. Degree and good experience required. Reply to Box No. SGM c/o RN Magazine, Oradell, N. J. giving complete history of education and experience.

ASSISTANT NURSING DIRECTOR: Starting salary $6664 per yr., 40 hr. wk., for inservice education program in 400 bed general hospital in suburban Detroit, moving into beautiful new facilities in 1961. Master's degree desired. Will consider B.S. degree applicants with educational experience. Michigan registration required at time of appointment Liberal fringe benefits including 11 pd. holidays, up to 3 wks., vacation, pension plus sccial security plan. Contact: Nursing Director, General Hospital, Wayne County General Hospital, Eloise, Mich.

ASSISTANT NURSING SCHOOL DIRECTOR: With M.S. degree or B.S. with experience, responsible to the Director of St. Mary's School of Nursing for the Educational Program of 80 student nurses. A very good starting salary will be given to the successful applicant. The school is part of St. Mary's Hospital located in Kankakee, Ill. For further information contact Sister Mary Anselm, S.S.C.M., Administrator.

ASSISTANT SUPERVISOR, EVENINGS AND/OR NIGHTS: Full or part time, 400 bed private general hospital with school of nursing. Applicants should be in excellent health between approximate ages of 26-45. B. S. degree in nursing or equivalent, with previous head nurse or supervisory experience required, liberal salary range and employee benefits, excellent working conditions in one of midwest's foremost institutions, centrally located in city and convenient to outstanding residential and shopping facilities. Contact Personnel Director, Milwaukee Hospital, 2200 West Kilbourn Ave., Milwaukee 3, Wis.

ATTRACTIVE OPPORTUNITIES: Get away from fog, smog, and crowded industrial areas. Come to Wonderful Wyoming. 340 days sunshine and fresh air in year-round recreation and resort area. Position vacancies all shifts and services. 200 bed JCAH hospital. State capitol and growing medical center of Wyo. Home of Famous Frontier Days and SAC Air Force Base. 50,000 population.. Metropolitan Denver 2 hr. drive from Cheyenne. Excellent personnel policies, 40 hr. wk., 2-3 wk. vac., sk. lv., 7 pd. holidays, new Nurse Residence only $43 room & board. Excellent housing facilities 10 mins. from hosp. Starting salaries $305 day, $330 eve., $320 night, $320 surgery. No rotation. Apply Dir. of Nursing, Memorial Hospital, Cheyenne, Wyo.

CAMP NURSES: R.N.'s (2) for Conn. children's co-ed camp. Excellent conditions and

salary. Camp Birchwood, 67-38 108th St., Forest Hills, N.Y.

CENTRAL SUPPLY SUPERVISOR: 160 bed general hospital located in a beautiful residential section along the North Shore of Chicago. Starting salary commensurate with experience and education. 40 hr. wk. Modern ranch style nurses' homes with attractively furnished private bedrooms. Contact Personnel Director, Highland Park Hospital Foundation, Highland Park, Ill.

CLINICAL INSTRUCTOR: For Medical Surgical formal and Clinical teaching in 250 bed general hospital in city with educational opportunities. NLN accredited degree and/or satisfactory experience preferred with consideration given individual studying toward degree. Salary open, liberal personnel policies. Contact Director of Nursing, Broadlawns Hospital, Des Moines 14, Iowa.

CLINICAL INSTRUCTOR-OBSTETRICAL NURSING: Diploma program, 250 bed hospital, 120 students enrolled. B.S. degree required. Salary commensurate with qualifications. Apply Director of Nursing, Arnot-Ogden Memorial Hospital, Elmira, N.Y.

CLINICAL INSTRUCTORS IN MEDICAL-SURGICAL NURSING: Large general hospital located in a fine residential district. School of nursing full accredited by the NLN with a student body of 199. Educational preparation and experience preferred. Salary dependent upon qualifications. Apply Director of Nursing, The Toledo Hospital, 2142 No. Cove Blvd., Toledo 6, O.

DIRECTOR OF NURSING EDUCATION, PSYCHIATRIC: B.S. degree in nursing education or in nursing with specialization in education and three yrs. of graduate nursing experience. Starting salary $6,564. Five day, 40 hr. wk., excellent personnel policies, 3400 bed hospital near Baltimore, 45 mins. to Johns Hopkins and University of Maryland. Accommodations available on grounds. Write Personnel Manager, Springfield Hospital, Sykesville, Md.

DIRECTOR OF NURSING SERVICE: To direct and coordinate nursing services in completely modern 270 bed hospital, B.S. degree in nursing education preferred but not essential. St. Mary's Hospital is located in Kankakee, one hour's drive southwest of Chicago, very good starting salary and wonderful opportunity for right person. For further information write to W. D. Swan.

DIRECTOR OF NURSING SERVICE: Responsible for management of the nursing service of an active 225 bed JCAH accredited children's hospital. Affiliating agency for professional and practical nurse students. B. S. degree required, Master's degree preferred, experience desirable. Salary commensurate with qualifications. Apply Director of Nursing, Children's Hospital, 2125 13th St., N. W., Washington, D. C.

DIRECTORS OF NURSING: (a) Director, Nurses, 325 bed renowned hsp. also act as Asst. Adm. East, $10,000; (b) Dir. school, service, prefer male, 100 students, 360 bed hsp. Mich. $10,000; (c) Director, organize nursing service 300 bed modern hsp. near San Francisco, $10-$12,000; (d) Dir. Nurses, all grad. staff, 100 bed hsp. leading Florida seashore resort, $7500; (e) Direct, brand new 50 bed hsp. near N.Y.C. $6500; (f) Organize new L.P.N. school with junior college near Detroit, $6-7500, similar opport. mountain resort N.Y. RN 1-3, Burneice Larson, The Medical Bureau, 900 N. Michigan Ave., Chicago 11, Ill.

GENERAL DUTY NURSES: 7-3 Scrub Nurse, open December 1st in fully accredited, fairly new Kansas hospital. Good personnel policies including Liberal holidays, vacation, sick leave, etc. Beginning salary $300 with semi-annual increases to $320. Apply Director of Nurses, Coffeyville Memorial Hospital, Coffeyville, Kan.

GENERAL DUTY NURSES: For 72 bed hospital located in college town in mountainous portion of Colo. Salary $350 per mo. with periodic increases, fringe benefits including meals, sk. lv., vacation, etc. Contact Superintendent, Alamosa Community Hospital, Alamosa, Colo.

GENERAL DUTY NURSES: $410 to $450 per mo., 500 bed hospital located 17 miles from Detroit, County Civil Service, good personnel policies including 12 days vacation, 12 days sk. lv., and 11 pd. holidays per year. Apply: Director of Nursing, General Hospital Division, Wayne County General Hospital, Eloise, Mich.

GENERAL DUTY NURSES: J.C.A.H. accredited, 99 bed hospital midway between Los Angeles and San Francisco. Salary depends upon experience and qualifications. Rooms available in modern nurses' residence $10 per mo., 40 hr. wk., 15 days vacation. Liberal sick leave, 12 holidays. Social Security Benefits. Write: Superintendent of Nurses, Tulare County General Hospital, Tulare, Calif.

GENERAL DUTY NURSES: 84 bed hospital, finest equipment 40 hr. wk., very liberal personnel policies, pleasant working environment, rotating shifts, salary range $337.99 to $457.59 mo., $20 evening and night differential. Atomic Energy Project, not civil service. Write Director of Nurses, Los Alamos Medical Center, Los Alamos, N. M.

GENERAL DUTY NURSES: 135 bed hospital on San Francisco Bay. Rooms available. Opportunity for advanced education in the area. Salary range — monthly — $345 to $390. $20 shift differential, $10 added for experience OB and OR. Director of Nurses, Alameda Hospital, 2070 Clinton Ave., Alameda, Calif.

GENERAL DUTY NURSES: Immediate openings in OR, Obstetrical and Medical and Surgical Units. Rotating or permanent afternoon or night tours of duty. Bonus of $20 for OR, afternoon and night tours. New 196 bed hospital, 45 mins from NYC. Modern nurses residence. Apply Director of Nursing, Phelps Memorial Hospital, North Tarrytown, N.Y.

GENERAL DUTY NURSES: For JCAH accredited 210 bed general hospital with NLN provisionally accredited school of nursing. Pleasant suburban environment 35 mi. from NYC. 40 hr. wk. $335 per month. $50 differential for 3-11 and $40 for 11-7. Regular increments, liberal personnel policies including generous sick time and vacation allowance. 8 paid holidays. Scholarship aid available for continued collegiate study. Social Security, good living facilities provided at $30 per month. Call or write Director of Nursing, White Plains Hospital, White Plains, N. Y. Telephone WHite Plains 9-4500.

GENERAL DUTY NURSES AND L.P.N.'s: New 47 bed hospital in resort area, Jackson Hole, Wyoming. 40 hour week, excellent personnel policies. Apply St. John's Hospital, Jackson, Wyo.

GENERAL DUTY STAFF NURSES: Vacancies on all services due to completion of new wing which has increased bed capacity above 400. Private general hospital with 125 student

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GENERAL DUTY, SURGICAL AND PEDIATRIC NURSES: 276 bed gen. hosp. in residential suburb of Chicago. 40 hr wk, cash salary and live in, $285 day duty, $315 PM duty, $310 night duty plus private room in new nurses residence, 3 meals per day and free laundry of uniforms. Cash salary and live out, $330 day duty, $360 PM duty, $355 night duty plus 1 meal and free laundry of uniforms. Low rental apartments available for married nurses. Planned service increases at regular intervals. Many other benefits. Write Personnel Director, MacNeal Memorial Hospital, Berwyn, Ill.

GRADUATE NURSE ANESTHETISTS: Desire two (2) graduate nurse anesthetists from approved school with membership in the American Association of Nurse Anesthetists. Salary $400 to $525 depending upon qualifications. One (1) month vacation, two (2) weeks sick leave. Board, room and laundering of uniforms without cost. Forty hour week with day off before and after night call. Please contact Dr. Donald H. Haselhuhn, Director of Anesthesia, Harrisburg Hospital, Harrisburg, Pa.

GRADUATE NURSES: For a 60 bed general hospital in a growing frontier community. Start-salary $325 per mo. for 40 hr. 5 day wk. On duty meals and uniform laundry furnished. 6 holidays per yr., and up to 12 days per yr. sk. lv., 2 wks. pd. vacation, low cost modern residency for single girls. Southwest Memorial Hospital, 925 So. Broadway, Cortez, Colo.

GRADUATE NURSES: For general duty, 75 bed general hospital, new air-conditioned, with modern equipment. Beginning salary $275 a mo with differential for eve and night duty and operating room nursing. Good personnel policies, 5 day, 40 hr wk, vacation, pd sick lv, holiday time. Located in beautiful central Florida. Apply Director of Nurses, Seminole Memorial Hospital, Sanford, Fla.

GRADUATE NURSES: Opening of new main building has created attractive positions for staff nurses in medical, surg., obstetric and pediatric divisions of 450 bed non-sectarian acute general hospital with NLN fully accredited school of nursing. Liberal personnel policies include tuition aid for study at Western Reserve University. Apartments available in immediate neighborhood. Apply Miss Louise Harrison, Director of Nursing Service, Mount Sinai Hospital, 1800 E. 105th St., Cleveland 6, O.

GRADUATE STAFF NURSES: 151 bed hospital with school of nursing, situated 3 blocks from Atlantic Ocean. Beginning salary $300, evening duty bonus $20, night duty bonus $30 Apply Director of Nursing, Southampton Hospital, Southampton, N.Y.

GRADUATE STAFF NURSES: Opportunities for men and women on all services including Psychiatry and Operating Room. Well planned orientation program, tuition free courses at University. Low cost housing in nurses' residence. Recreational and cultural opportunities. Salary range $340 to $375. 3 wks vacation, 6 pd holidays. Follow your impulse and write to: Director Nursing Service, University Hospitals of Cleveland, Cleveland 6, Ohio.

GRADUATES: Mercy College of Anesthesiology offers an 18 mo AANA approved course to graduates of accredited schools of nursing. Write: Director, Anesthesia Dept., Mount Carmel Mercy Hospital, Detroit 35, Mich.

HIGH CALIBER REGISTERED NURSES: We need good nurses interested both in latest scientific therapy and old-fashioned warm care of patients with cancer and allied diseases. Teaching and research center offers valuable experience. Adequate staff of top nurses maintained. University-affiliated inservice education; access all NYC educational programs. Good basic preparation required; learn specialty here where patients receive active surgical-medical-radiation therapy. Not a chronic disease hospital. Effective September 1960, Staff Nurses; day $366-409 month; evening $421-$464; night $410-$453. 4 wk. vacation; 1½ pay for overtime; Blue Cross pd., uniforms laundered. Minimum rotation. Furnished apartments available through Housing agent. New 20 story apartment house overlooking East River opens December 1961. Suture nurses: base salary plus ½ pay for on-call. Mary Connolly, R.N., Director of Nursing Memorial Hospital, Memorial-Sloan-Kettering Cancer Center, 444 E. 68th St., New York 21, N.Y.

IMMEDIATE OPENINGS: For Head Nurses in O.B., nursery, medical and surgical depts., 3-11 and 11-7, starting salary $315, also scrub nurses in O.R., 7-3, starting salary $310. New 200 bed hospital enlarging to 400 beds. Contact Supt. Nurses, Medical Center Hospital, P.O. Box 1631, Odessa, Tex.

INDUSTRIAL, OFFICE: (a) Ind. nurse join staff Chicago loop insurance co. 35 hr. wk. $100 start; (b) Office, manage busy G.P. suite, start $400, Chicago; (c) Overseas, must have industrial experience, single, under 40, assignment Asia, $5-8000. RN 1-4, Burneice Larson, The Medical Bureau, 900 N. Michigan Ave., Chicago 11, Ill.

INSTRUCTOR: Operating rm., recovery rm., & emergency rm. nursing. Starting March 15, 1961. BS degree required. Write to Director of Nursing Education, Knapp College of Nursing, 2400 Bath St., Santa Barbara, Calif.

INSTRUCTOR OF NURSING, PSYCHIATRIC: Bachelor's degree in nursing and two yrs. of professional experience, one yr. which must have been in psychiatric nursing. Salary $4,790-5,990 commensurate with background. Five day, 40 hr. wk., excellent personnel policies, 3400 bed hospital near Baltimore, 45 mins. to Johns Hopkins and University of Maryland. Accommodations available on grounds. Write Personnel Manager, Springfield Hospital, Sykesville, Md.

INSTRUCTOR IN PEDIATRICS: Large city hospital, $375 per month. Write: Director of Nursing, General Hospital, Kansas City, Mo.

INSTRUCTOR-MEDICAL AND SURGICAL: Formal and Clinical Teaching, NLN full accreditation—one class yearly or approximately 40 students. B.S. degree and teaching experience required. Liberal personnel policies, salary based upon background. No nursing service responsibilities. 500 bed hospital. Direct transportation to NYC in 35 mins. Write to Director of Nursing, Newark Beth Israel Hospital, Newark 12, N.J.

INSTRUCTORS: Fundamentals of Nursing, Obstetric Nursing. Immediate opening. Bachelor Degree and experience in Teaching required. Liberal personnel policies. Admit one class a yr., 3 yr., diploma program, N.L.N. accredited. 184 bed hospital, 60 students.

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Occupation.....

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City.....Zone.....State.....

Apply Director of Nurses, Helene Fuld Hospital, Trenton, N. J.

LICENSED PRACTICAL NURSES: Because we are friendly people, it is fun to work in the preferred department of a 200 bed J.C.A.H. approved general hospital with N.L.N. accredited school and opportunity for advancement with orientation provided. Liberal personnel policies. Ideally located on 60 acres of lawn and wooded area. Convenient transportation. For details contact Director of Nursing, Broadlawns Hospital, Des Moines 14, Iowa.

MALE NURSE: Qualified direct 1000 nurses in 390 bed hsp., South, $10,000. RN 1-5, Burneice Larson, The Medical Bureau, 900 N. Michigan Ave., Chicago 11, Ill.

MALE NURSES: For immediate employment at the Conn. State Prison just outside of Hartford. Starting salary, $204.60 bi-weekly; end of first yr., $220.60 bi-weekly; maximum, $248.26 bi-weekly. Excellent benefits including 3 wks. vacation, sk. lv., 11 holidays, outstanding insurance and retirement plans. Complete maintenance available on the premises for single men at nominal cost. Housing is available in nearby communities for those who elect to live-out. We need male registered nurses. We think our salary and benefits are attractive. If you agree, maybe we can get together. In any case, we'd like to know your opinion. State Personnel Department, Room 405, State Office Building, Hartford, Conn.

MALE NURSES: For "on the job" training in anesthesia, working for Board certified M.D. anesthesiologists. Excellent salary, overtime pay, vacations, and interesting work. Please contact Dr. E. C. Thompson, Lafayette Ave. Medical Bldg., 153 Lafayette St. S.E. Grand Rapids 3, Mich.

MEDICAL AND SURGICAL CLINICAL INSTRUCTOR: Diploma school affiliated with Community College. B.S. degree and teaching experience required. Good personnel policies. JCAH accredited 210 bed general hospital. Apply Director of Nursing, White Plains Hospital, White Plains, N.Y., Telephone WH 9-4500, Ext. 255.

MEDICAL-SURGICAL SUPERVISOR: Administrative. 500 bed voluntary hospital. Degree and satisfactory experience required. Salary dependent on education and experience. Liberal personnel policies, direct transportation to NYC in 35 mins. Write to Director of Nursing, Newark Beth Israel Hospital, Newark 12, N.J.

NURSE ANESTHETIST: To work with four anesthesiologists and one nurse in private group. 280 bed hospital in town of 40,000, 7 miles from Hartford. No night or holiday calls. Starting salary $475-525 per month. E. J. Platz, M.D., 153 Main St., Manchester, Conn.

NURSES: For new 75 bed general non-profit hospital. Resort area. Contact Administrator, South Coast Community Hospital, South Laguna, Calif. HYatt 4-8501.

NURSES: Live in the Land of Enchantment where opportunities are awaiting you. Have opening for obstetrical and general duty RNs in accredited hosp. which is situated in a growing and thriving community with ideal climate. Salary range $300-400 mo. for 44 hr duty. Liberal personnel policies. Sick lv plan with 6 holidays per yr. Also we pay differential of $10 extra PMs. If interested please contact Administrator, Clovis Memorial Hospital, Clovis, N. Mex.

NURSES: General duty, 236 bed hospital, 30 mi from NYC. Apartment-style residence. Good salaries, free benefits and pension plan. Modern hospital. Write Director of Nurs-

ing, Morristown Memorial Hospital, Morristown, N. J.

NURSES: Registered, general duty and operating room. Modern 74 bed district hospital, midway between San Francisco and Los Angeles, Calif. Starting salary $350 per mo., 40 hr. wk. Contact Administrator, Tulare District Hospital, 869 Cherry Ave., Tulare, Calif.

NURSING SERVICE DIRECTOR: For a 350 bed general hospital JCAH accredited with an approved school of nursing. Degree and administrative experience required. Excellent personnel policies including pension plan, group life insurance, Blue Cross, Social Security, vacation, holiday and sk. lv. benefits. Write stating age, experience, salary desired to Director of Nursing, Bethesda Hospital, Cincinnati 6, O.

OPERATING ROOM NURSES: 160 bed general hospital located in a beautiful residential section along the North Shore of Chicago. Starting salary $390 for days, $420 for evenings, 40 hr. wk. Modern ranch style nurses' homes with attractively furnished private bed rooms. Contact Personnel Director, Highland Park Hospital Foundation, Highland Park, Ill.

OR AND GENERAL DUTY NURSES: New 65 bed hospital, College town, to be opened early 1961. Contact Director of Nurses, Hillcrest General Hospital, Silver City, N. M.

OR & STAFF NURSING: Active 100 bed children's medical center. University affiliation. Good personnel policies. Apply Director of Nursing, St. Christopher's Hospital for Children, 2600 N. Lawrence St., Philadelphia 33, Pa. Telephone GA 6-5600.

OPERATING ROOM SUPERVISOR: 44 bed modern hospital, responsible for operating rooms, CSR, Emergency Room and Linen Room, 40 hr. wk., "on call pay" for alternate weekend coverage, good working conditions and salary commensurate with qualifications, experienced supervisor preferred, otherwise minimum of 1 year's O.R. experience necessary. Write to Director of Nurses, Maine Coast Memorial Hospital, 50 Union St., Ellsworth, Me. for further details. Tel.: NOrmandy 7-2585.

OPERATING ROOM SUPERVISOR: For 350 bed JCAH accredited general hospital with NSN accredited school of nursing. Operating room suite is new, modern and completely airconditioned. Advance preparation and experience required. Excellent personnel policies including group life insurance, Blue Cross, Social Security, vacation and sk. lv. benefits. Salary open. Write stating age, experience, salary desired to Mary Jo Chipman, Personnel Director, Bethesda Hospital, Oak St. & Reading Rd., Cincinnati 6, O.

OPERATING ROOM SUPERVISOR: 238 bed JCAH approved hospital. Intern, Resident and Nursing Education programs. Candidates with BS degree preferred. Apply to Mrs. Virginia Krahl, Dir. of Nursing Service, Santa Barbara Cottage Hospital, 320 W. Pueblo St., Santa Barbara, Calif.

OPERATING ROOM SUPERSIVOR: For accredited 125 bed general hospital. Complete modern facilities, department well established. Educational and cultural advantages of Detroit, coupled with pleasant suburban living. Starting salary depends on experience and background, with periodic increases and unusual personnel policies. Contact Miss Grace Bennett, Director of Nursing, The Lynn Hospital, Lincoln Park, Mich.

OPERATING ROOM SUPERVISOR: Experience desirable. Sick leave and annual vacation.

Retirement benefits available. Salary open. Apply Administrator, Robinson Memorial Hospital, Ravenna, Ohio.

PEDIATRIC STAFF NURSE: For active 225 bed teaching and research children's hospital. Starting salary $300 per mo. with evening and night differentials. Operating Room $310 per mo. with bonus for Operating Room call. 40 hr. wk., vacation, holiday and sk. lv. privileges. Promotional opportunities for qualified nurses. Apply Director of Nursing, Children's Hospital, 2125 13th St., N.W., Washington 9, D.C.

POSTGRADUATE COURSE: The Charles T. Miller Hospital offers qualified graduate nurses a 16 weeks' course in Operating Room nursing. The course includes instruction and supervised experience in all surgical specialties as well as teaching and management techniques. Room, board, laundry, and a stipend of $125 per mo. are provided. For further information address the Director of Nursing, The Charles T. Miller Hospital, St. Paul 2, Minn.

PSYCHIATRIC NURSES: Write Superintendent of Nursing Services for information about the opening of the Neuropsychiatric Institute on U.C.L.A. campus, 200 beds. Education, Research, and newest concepts of psychiatry are planned for the treatment programs. Positions available in the psychiatric nurse classes. Salaries range from $395 to $530. Most psychiatric nurse classes have salary increases after six months service. All positions filled by California Civil Service examinations. Neuropsychiatric Institute opening January 1st. Outpatient Clinic, Children, Adolescent, and Adult psychiatric services have openings at this time. Write: The Neuropsychiatric Institute, University of California Medical Center, Los Angeles, 24, Calif.

PSYCHIATRIC SUPERVISOR: Supervisor for new 50 bed psychiatric wing in 525 bed private general hospital. To open approximately April 1, 1961. Position available now. Top salary and fringe benefits. Excellent opportunity for R.N. with degree and experience in psychiatric nursing. Write Personnel Dept., Sutter Community Hospitals, Sacramento, Calif.

PUBLIC HEALTH: (a) Overseas assignment Asia, must have P.H. cert., exp., single, under 40, $5-10,000; (b) Direct comprehensive p.h. nurse prog., seacoast city, large U. S. Naval Base, $7200; (c) Director, county health dept. Calif. ocean city near mountain resorts, $7200 plus. RN 1-6, Burneice Larson, The Medical Bureau, 900 N. Michigan Ave., Chicago 11, Ill.

PUBLIC HEALTH NURSES: New health department in northeastern Illinois metropolitan area offers minimum starting salary of $4950 to prepared nurses with degree, or $4500 to registered nurses with public health preparation. Excellent personnel policy and generous travel allowance. Opportunity for promotion for experienced nurses. Department offers generalized service to county of 292,000 midway between Chicago and Milwaukee. For further information, write Nursing Supervisor, Lake County Health Dept., 2307 Grand Ave., Waukegan, Ill.

QUALIFIED PUBLIC HEALTH NURSE AND REGISTERED NURSE: Salary for public health nurse $4850. Immediate appointment on a provisional basis. Permanent appointment with increases up to $6290, 35 hr. wk., liberal vacation and personnel policies, pension rights, in-service training, promotional opportunities. Generalized service including

maternal and child care, school health and communicable disease control. Salary for registered nurses seeking public health qualifications. Immediate appointment. 35 hr. wk., liberal personnel policies. Applicants must be able to matriculate for public health nursing courses at university. Applicants (except N.Y. State veterans) must not have reached 36th birthday.* Write or call New York City Dept. of Health, 125 Worth St., New York 13, N. Y. *A request has been made to the Civil Service Comm. to raise the age limit.

REGISTERED NURSE ANESTHETISTS: 690 bed hospital, primarily surgical. Integral part of developing 236 acre Detroit Medical Center, Emergency surgery only on Saturdays. Salary commensurate with qualifications. Excellent personnel policies. Write or call Personnel Director, Harper Hospital, Detroit 1, Mich.

REGISTERED NURSES: 220 bed, State TB Hospital, $345-$385 mo., annual sk. lv., ins. & ret. benefits. Qtrs. $15 mo. Write Chief Nurse, Ft. Stanton, N. Mex.

REGISTERED NURSES: For general duty in 50 bed general hospital. Salary $18 per day, plus other fringe benefits. Carson City Hospital, Elm at Third, Carson City, Mich.

REGISTERED NURSES: 1200 North State Street, Los Angeles 33, Calif.—Los Angeles County General Hospital. That's one of my New Year's resolutions. Not to forget my address. Hope you all had a wonderful Holiday season. It was delightful out west. Real nice and summery. Went swimming in the valley and skiing in the mountains. Actually I'm not much of a skier, but my husband is. Nurses all over are still coming here. Last November the Crown Prince & Princess visited our hospital, too. Not for a job, just to look us over. If I can be of any help please write me regarding nursing positions Betty Hartwig, My address is 1200 North State St., Los Angeles 33, Calif.

REGISTERED NURSES: Excellent opportunities for staff nurses in large hospital. Salary range for permanent evenings and nights $420-$450. Rotating range $390-$420. Private room accommodations at reasonable rates. Centrally located. Convenient transportation. Write: Director of Nursing Service, Dept. RN., Mount Sinai Medical Center, 2750 West 15th Place, Chicago 8, Ill.

REGISTERED NURSES: One more good nurse needed in a hospital and community which values highly its nurses. Start at $350 with meal and advance according to ability, industry and leadership. No maximum. To qualify you must be in good physical and mental health. Recent graduates welcomed. We are a growing hospital looking for growing people who enjoy a farm community of 6,000. Just 55 miles south of Fresno and 66 miles north of Bakersfield, 1 hr. from mountains, 2 hrs. to coast. If seriously interested, call COLLECT Wyman 2-3124, Corcoran, Calif. Mail application giving details and enclose dated picture.

REGISTERED NURSES: All shifts for 22 bed general hospital, presently enlarging to 50 beds. Located on Gulf of Mexico and St. Joseph's bay. Contact Administrator, Municipal Hospital, Port St. Joe, Fla.

REGISTERED NURSES: Nursing positions available for both male and female nurses in large general hospital in the southern resort area. Openings on all services including psychiatric unit. Liberal personnel policies. Differential for evening and night tours of duty.

What's she doing that's of medical interest?

She's drinking a glass of pure Florida orange juice. And that's important for several reasons.

How patients obtain their vitamins or any of the other nutrients found in citrus fruits is of great medical interest—because there are so many substitutes and imitations for the real thing.

Actually, there's no better way for this young lady to obtain her vitamin C than by doing just what she is doing, for there's no better source than oranges and grapefruit ripened in the Florida sunshine.

We know that a tall glass of orange juice is just about the best thing a patient can reach for when he or she raids the refrigerator. We also know that if you encourage this refreshing and healthful habit among patients of any age, you'll be helping them to the finest between-meals drink there is.

Nothing has ever matched the quality of Florida citrus—watched over as it is by a State Commission that enforces the world's highest standards for quality in fresh, frozen, canned, or cartoned citrus fruits and juices.

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Apply Director of Nursing, Norfolk General Hospital, Norfolk 7, Va.

REGISTERED NURSES: For general duty in 89 bed general hospital, located in central Calif. General duty salary $320 to $340, shift differential for evening and night, 40 hr. wk., excellent fringe benefits. Write Administrator, Mark Twain Hospital, San Andreas, Calif.

REGISTERED NURSES: Modern 376 bed JCAH fully accredited general hospital. Located on beautiful San Francisco Peninsula, 20 min. drive from the heart of the city. Openings in all services, excellent personnel policies, many extra benefits and opportunities for advancement, top salaries. Apply Personnel Director, Peninsula Hospital, 1783 El Camino Real, Burlingame, Calif.

REGISTERED NURSES: California coastal area. Ideal climate. New hospital, good promotional possibilities, liberal vacation and sk. lv. Canadian nurses eligible. Salary starts at $348 per mo. Apply Personnel Dept., Court House, Ventura, Calif.

REGISTERED NURSES: For general duty on all services in 230 bed general hospital, JCAH, in beautiful resort area. Liberal personnel policies. 40 hr. 5 day wk. Write Director of Personnel, Good Samaritan Hospital, West Palm Beach, Fla.

REGISTERED NURSES: In 100 bed accredited hospital in Central Fla., near Gulf Beaches. Liberal personnel policies. Contact Director of Nursing, South Florida Baptist Hospital, Plant City, Fla.

REGISTERED NURSES: 250 bed hospital, 40 hrs. per wk., good personnel policy. Beach resort area. Positions open for general duty. Apply to Director of Nursing Service, James Walker Memorial Hospital, Wilmington, N.C.

REGISTERED NURSES FOR CALIFORNIA STATE HOSPITALS: New service: Miss Avis Axelson, R.N., and Mrs. Ann Brown, R.N., are available to assist you in locating the most suitable position for you. Openings in hospitals throughout the state. Professional nurses without experience start at $395; with one yr. of psychiatric nursing experience, $415; five percent increase after six mos. Positions in educational program open to nurses with college degree and experience in psychiatric nursing and teaching of nursing.. Masters Degree in psychiatric nursing or nursing education may be substituted for certain experience, starting salary $530 a mo. Nurses registered in other states are usually eligible for Calif. licensure without examination. Write State Personnel Board, 801 Capitol Ave., N 201, Sacramento 14, Calif.

REGISTERED PROFESSIONAL NURSES: For Veterans Administration Hospital, Fort Howard, Md., located 15 miles from center of Baltimore. 377 General Medical and Surgical Hospital. Personnel policies include normal work week, 40 hrs., 8 holidays, 30 days annual leave and 15 days sick leave. Annual salaries $4760 to $7560. Uniform allowance and laundry service. Retirement and health plan. Quarters available. Write: Chief, Nursing Service, VA Hospital, Ft. Howard, Md.

REGISTERED PROFESSIONAL NURSES, LICENSED PRACTICAL NURSES AND SCRUB TECHNICIANS: We invite you to join us in the beautiful subtropical city of Miami, Fla. We offer liberal personnel policies which include a 40 hr. wk., free laundering of uniforms, and retirement pension. Housing on a temporary basis is available to graduate nurses. This is a rapidly expanding 1348 bed

Skin Specialists Explain How Clearasil Medication

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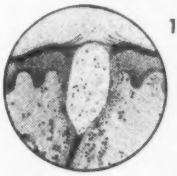
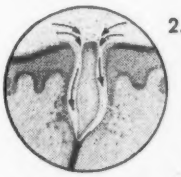
You see only the top of a pimple. The real trouble is inside because a pimple is basically a clogged, inflamed pore. That's why Skin Specialists agree that the *vital medical* action needed, is the *Clearasil action* . . . which brings the medications down inside the pimple where antiseptic and drying actions can really help. Skin Specialists agree that this is the reason why CLEARASIL medication works so fast, so effectively to clear pimples.

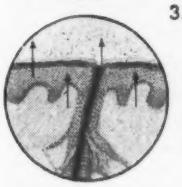
How Clearasil Works to Restore Clear, Smooth Skin



1. *Gets Inside Pimples*—"Keratolytic" action dissolves and opens affected pimple cap so clogged pore can clear quickly . . . and active medications can get inside.



2. *Stops Bacteria.* Antiseptic medication penetrates to any lower infection, stops growth of bacteria. Encourages growth of healthy, smooth skin.



3. *Dries Up Pimples Fast*—Oil-absorbing action works to dry up pimples fast, remove excess oil that can clog pores, cause pimples. Helps prevent further outbreak.

Hides Pimples While It Works . . . CLEARASIL also relieves the emotional problems which frequently accompany acne, because it is skin-colored to hide blemishes while its three vital medical actions work fast to clear them up.

Floats Out Blackheads. CLEARASIL softens and loosens blackheads so they 'float' out with normal washing. And CLEARASIL is greaseless, stainless, pleasant to leave on day and night for uninterrupted medication.

Proved In Clinical Tests . . . Recommended By Nurses. In controlled clinical tests on over 300 patients, 9 out of every 10 cases of pimples were completely cleared up or definitely improved while using CLEARASIL. You can recommend CLEARASIL with confidence. Many nurses already do as shown by a survey of the readers of this magazine. CLEARASIL is guaranteed to work or money back.

FOR PROFESSIONAL SAMPLE and copy of clinical report, write: Clearasil, Dept. RN-1, 122 E. 42 St., New York, N. Y.

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general hospital, housing all types of patients. Our affiliation with the University of Miami Medical School affords opportunities to work with top level experts in the fields of Medicines and Science. Advancements for qualified persons is rapid. Starting salaries R.N. $328, L.P.N. $244, Scrub Tech. $232. Regular merit increases after 6 months. Apply to: Miss Alice Isabel Mustard, R.N., Associate Executive Director, Patient Care Division, Jackson Memorial Hospital, Miami, Fla.

STAFF NURSES: All shifts in a fully approved general Municipal Hospital, Hartford, Conn. Liberal personnel policies include pleasant working conditions, retirement plan, social security, pd. hospitalization insurance, sk. lv., vacation, holidays and other benefits. Salary range $69-$82 weekly. Appointment can be made at $75 weekly. Write Personnel Director, Municipal Building, 550 Main St., Hartford 4, Conn.

STAFF NURSES: For openings Pacific Island hsp. near large U. S. military base, $4500, also with B.S. for openings Asia, $5-7000, must be single, under 40. RN 1-7, Burneice Larson, The Medical Bureau, 900 N. Michigan Ave., Chicago 11, Ill.

STAFF NURSES: San Joaquin General Hospital, a teaching hospital with internes, residents, and school of professional nursing. Positions available on most services on all shifts. Starting salary $376 per month; differential for evening and nights. Laundry uniforms $5 per month; liberal personnel policies. Living facilities for single persons on hospital grounds. Contact Personnel Director, 732 East Main St., Stockton, Calif.

STAFF NURSES: All Clinical services. Base salary $319. Differential for 3-11 and 11-7 shifts. Liberal personnel policies include sk. lv., retirement plan, 3 wks. vacation and laundry of uniforms. Orientation and In-Service Programs. Housing available on campus or in vicinity of Hospitals. Apply Director of Nursing Service, The University of Texas-Medical Branch Hospitals, Galveston, Tex.

STAFF NURSES: For 50 bed JCAH hospital in western Wyoming. Excellent medical staff, good personnel policies. Write Supt. of Nurses, W. R. Coe Memorial Hospital, Cody, Wyo.

STAFF NURSES: 245 bed hospital, 40 hr. wk., 2 wks., vacation, 6 pd. holidays, 12 days sk. lv. annually, good recreational area. Apply Director of Nursing Service, Memorial Hospital, Casper, Wyo.

STAFF NURSES: For large, modern, tuberculosis hospital in beautiful suburban Cleveland. Starting salary $355 with semi-annual increments. Extra for night and relief duty. Non-rotating shifts. Opportunities for advancement. Married nurses or two single nurses may live in attractive, nearly new, completely furnished 2 bedroom homes at very low rent including utilities. Pd. vacation and holidays, liberal sk. lv. cumulative to 90 days, excellent retirement plan. Write Director of Nursing, Sunny Acres Hospital, Cleveland, 22, Ohio

STAFF NURSES: 238 bed So. Calif. hospital. Salary Calif. registered nurses starts at $330. Merit increases. Apply Director of Nursing, Cottage Hosp., Santa Barbara, Calif.

STAFF POSITIONS: University Hospital, The University of Michigan Medical Center has immediate openings in In-Patient areas and operating room. Salary range, $344-$406. Stimulating professional environment in a teaching and research center with wide clinical experience. Life in a university community providing the best in drama, music,

"big ten" spectator sports, and many other recreational and cultural activities. For information write: Mr. Rubbell W. Reister, Personnel Director, University Hospital, Ann Arbor, Mich.

STANFORD MEDICAL CENTER: Surgery, Delivery and General Duty Nurses. Good salary, premium pay in surgery and delivery. Night differential $30 per mo., in all services. Low cost temporary housing for new hires. Pd. hospitalization, vacation and sk. lv. Write Stanford Medical Center, 300 Pasteur Drive, Palo Alto, Calif., attention Mrs. Palmer, Personnel Dept.

SUPERVISORS: Medical-Surgical, Pediatrics, Obstetrics and Psychiatric. Base salary $400 to $439, depending upon preparation and experience. Liberal personnel policies include sick leave, retirement plan, 3 wks., vacation and laundry of uniforms. Orientation and In-Service programs. Housing available on campus or in vicinity of Hospitals. Apply Director Nursing Service, The University of Texas-Medical Branch Hospitals, Galveston, Tex.

SUPERVISORS: (a) O.R. 50 bed hsp. Calif. mountain resort, near L.A. $6600; (b) Direct nurses 15 bed hsp. ocean city, Alaska, mild climate, top salary; (c) Capable assuming responsibility for organizing new 50 bed hsp. near Philadelphia, $6000; (d) Day Supervisor, new modern hospital, near Miami, Florida, $400 up. RN 1-8, Burneice Larson, The Medical Bureau, 900 N. Michigan Ave., Chicago 11, Ill.

SURGICAL FLOOR HEAD NURSE: Evenings 200 bed hospital near Chicago. Starting salary commensurate with experience and education. Housing available. Write Box H-718, c/o RN Magazine, Oradell, N. J.

SURGICAL FLOOR SUPERVISOR: Days. 200 bed hospital near Chicago. Starting salary commensurate with experience and education. Housing available. Write Box H-718, c/o RN Magazine, Oradell, N. J.

SURGICAL NURSES: Performing all types of surgery, Medical Center of Southern Wyoming. Excellent personnel polices, 40 hr. wk., 2-3 wk. vac., sk. lv., 7 pd. holidays. Nurse Residence only $43 room & bd. Starting salary $320 mo. Apply Dir. of Nursing, Memorial Hospital, Cheyenne, Wyo.

TRANSPORTATION PAID: Via 1st class air to Albuquerque and return in exchange for 1 yr. employment contract. Come to New Mexico, "Land of Enchantment", largest private hospital in state—general hospital, sanatorium and geriatrics units, building program, inservice education. Vacancies for staff duty, salary $300 mo. to start, $15 differential for evenings and nights. Write or call Mrs. Emily J. Tuttle, Dir. of Nursing, Presbyterian Hospital Center, 1012 Gold Avenue, S.E., Albuquerque, New Mex., Phone Chapel 3-5611.

VETERANS ADMINISTRATION CENTER: Dayton, Ohio, an 820 bed hospital affiliated with Ohio State University offers opportunities for professional nurses in medical, surgical, geriatric and tuberculosis nursing. Monthly salary: $397 to $855. Facilities for educational advancement at University of Dayton and Miami University. In-service education program, annual salary increases, 30 days vacation, 15 days sick lv., 8 holidays, retirement plan, living quarters available. Full U.S. Citizenship required. Write: Chief Nursing Service, Veterans Administration Center, Dayton, Ohio.

Nursing Careers at

Morristown Memorial Hospital

Morristown, New Jersey

Unusual garden-type apartment residences for nurses, offering 2- and 3-bed-sitting rooms, with shared kitchenette and bath.

Eight-hour day, 40-hour week.

Salary increases periodically for six years.

Blue Cross paid by hospital, as well as vacation and sick leave.

Accepts nursing school graduates on temporary basis prior to their state registration.

Opportunity for advanced study at several nearby universities.

Write Director of Nursing Service.

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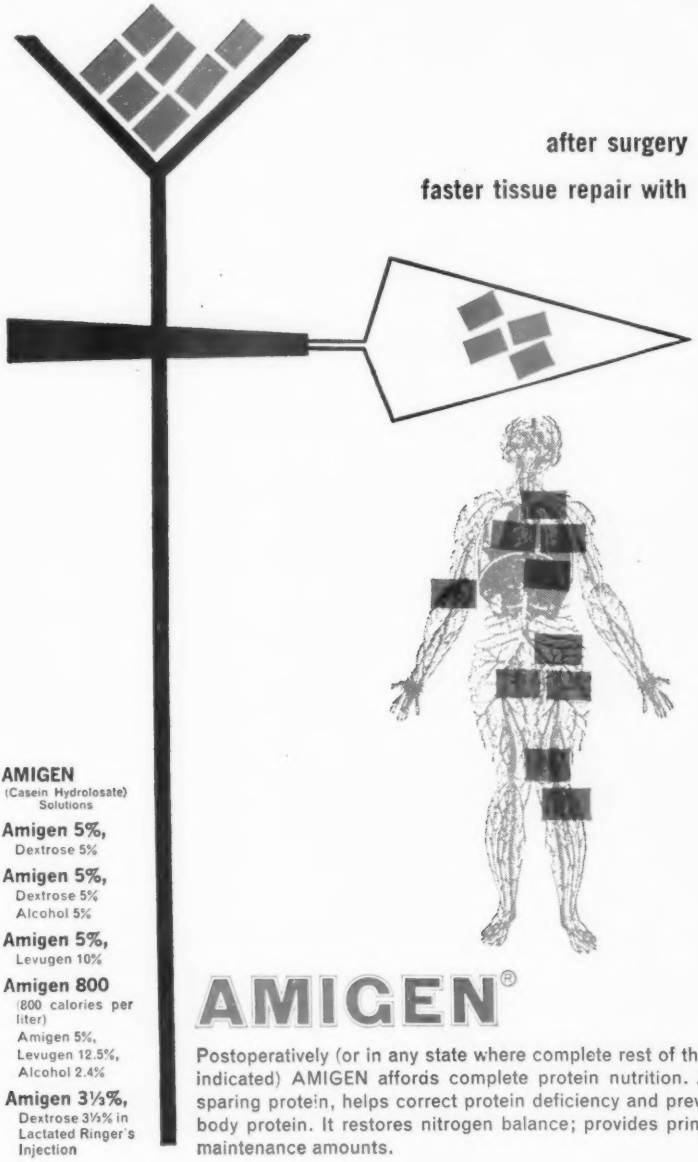

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Dextrose 5%
Alcohol 5%

Amigen 5%,
Levugen 10%

Amigen 800
(800 calories per liter)
Amigen 5%,
Levugen 12.5%,
Alcohol 2.4%

Amigen 3½%,
Dextrose 3½% in
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Postoperatively (or in any state where complete rest of the alimentary tract is indicated) AMIGEN affords complete protein nutrition. AMIGEN, a calorie-sparing protein, helps correct protein deficiency and prevents further loss of body protein. It restores nitrogen balance; provides principal electrolytes in maintenance amounts.

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COLIC

when due to cow's milk allergy

In a clinical study[1] of 206 milk-allergic infants, the "colicky" symptoms evident in 31% were promptly relieved when the infants were placed on a soya formula.

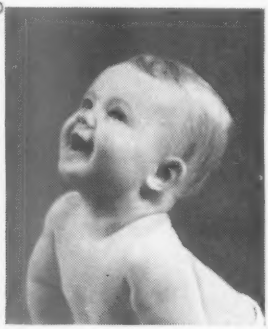
FOR PREVENTION: When allergic tendencies exist in parents or siblings, it is advisable to start the "potentially allergic" newborn on Sobee.

FOR DIAGNOSIS: If cow's milk allergy is suspected, a 24- to 48-hour trial period with Sobee often eliminates the need for an allergy study.

1. Clein, N. W.: Pediat. Clin. North America, Nov., 1954, pp. 949-962.

specify

SOBEE®



Hypoallergenic soya formula

Mead Johnson

Symbol of service in medicine